A Qualitative Study of Buddhist Informed Psychotherapists

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A QUALITATIVE STUDY OF BUDDHIST INFORMED PSYCHOTHERAPISTS

by

Michael Sean Harris

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Philosophy
Counselor Education and Counseling Psychology
Dr. Alan Hovestadt, Advisor

Western Michigan University
Kalamazoo, Michigan
June 2008
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ACKNOWLEDGMENTS

I would like to thank my advisor and dissertation committee chair, Dr. Alan Hovestadt, and the other members of my dissertation committee, Dr. Gary Bischof, and Dr. Thomas Holmes, whose supportive instruction and generosity of time and advice throughout this project was so vitally important.

I would also like to thank my participants, who gave so freely of their time to participate in this research study.

I am thankful for the encouragement of my mother, Carolyn Niemantsverdriet Bauer, who taught me the value of higher education.

Finally, I am deeply grateful for the support and love of my wife, Jessica M. Harris, whose faith in me provided the inspiration to keep writing.

Michael Sean Harris
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CHAPTER I

INTRODUCTION

Psychology’s Spiritual Imperative

We live in a time of increasing interest in spirituality. Despite a rift between psychology and religion that dates at least as far back as Sigmund Freud’s influential book on religion, *The future of an illusion* (Freud, 1927), there is a growing movement within mental health professions to include spiritual issues within the scope of treatment, and even to base psychological approaches upon “spiritual” ideas. This trend is manifested by a wide variety of psychological perspectives ranging from such approaches as simply including spiritual issues as brought up by clients, to Christian therapies espousing “traditional” Christian values, to eclectic approaches such as Transpersonal Psychology (Collins, 2007; Wilber, 2000). All of these emerging movements within the field appear to be worthy of further study.

This dissertation focuses upon one specific branch of spiritual inclusion within psychotherapy, the practice of psychotherapy as informed by Buddhism. This stream of psychological thought integrates both East and West, psychotherapy and spirituality, in an amalgam that carries forward old lineages of thought and yet creates something strikingly new.
This dissertation consists of five total chapters. This, the first chapter, provides an introduction and contextual ground for the study. This introduction locates the practice of psychotherapy as informed by Buddhism within the broader discussion of spirituality and psychology. The second chapter, the theoretical framework, provides a literature review regarding the intersection of psychotherapy and Buddhism. The third chapter describes the methods utilized in this qualitative, phenomenological study. Chapter four provides an examination and discussion of findings. The final chapter, chapter five, addresses the strengths and limitations of the study, discusses major implications, and makes recommendations for future research.

Spirituality

While psychotherapy informed by Buddhism is distinct from general spiritually oriented psychologies as being a specific current of thought, the general flow of the larger stream of ideas is critical in understanding the context in which Buddhist-informed psychotherapy exists. It is therefore important to explore some of the ideas associated generally with spiritually informed psychotherapy as well as some of the available relevant research. The word “spirituality” comes from the Latin word “spiritus” which speaks to the ideas of breath and of wind. (Mish, 1985). This concept connotes a common core connection to the very essence of life. The wind that moves in and out of our lungs with each inhalation and exhalation was understood to be the same wind that blew across the waters and the land. Life was understood as
inseparable from this flow of movement through all creatures and over the Earth itself. This view of spirit was of an immediate sensate nature and was without need of mediation. While the contemporary meanings of spirituality have changed somewhat, the word still portrays an essential sense of life and of sacredness.

Spirituality and Religion

While “spirituality” and “religion” are occasionally used interchangeably, this usage is nonstandard and neglects the nuances of both words (Gorsuch & Miller, 1999).

However [spirituality is] defined whether broadly as consciousness... or in relation to transcendence... spirituality (like personality or character) is an attribute of individuals. Religion in contrast, is an organized social entity... Differences clearly exist... with religious factors focused more on prescribed beliefs, rituals, and practices as well as social institutional features. Spiritual factors, on the other hand, are concerned more with individual subjective experiences, sometimes shared with others... (Miller & Thoresen, 1999, p. 6).

Zinnbauer et al. conducted a 1997 study of 346 individuals in 11 wide ranging belief groups. They found that while there was a strong correlation between individuals’ self-descriptions as religious and spiritual, that there were noteworthy differences as well.
As predicted, religiousness was found to be associated with higher levels of authoritarianism, religious orthodoxy, intrinsic religiousness, parental religious attendance, self-righteousness, and church attendance. In line with predictions, spirituality was associated with a different set of variables: mystical experience, New Age beliefs and practices, higher income, and the experience of being hurt by clergy (Zinnbauer, 1997, p. 561).

Participants in the same study were asked for definitions of both words, spirituality and religion. These definitions were consistent with their own background research. Spirituality was most often defined in personal or experiential terms, such as belief in God or a higher power, or having a relationship with God or a higher power. Definitions of religiousness included both personal beliefs, such as a belief in God or a higher power, and organizational or institutional beliefs and practices such as church membership, church attendance, and commitment to the beliefs system of a church or organized religion (Zinnbauer, 1997, p. 561).

Spirituality and American Culture

Spirituality is important in American culture. “About 95% of Americans say that they believe in God. For many, spirituality and religion are important sources of strength and coping resources, and not infrequently people name them as the most important aspects of their lives, central to their meaning and identity” (Miller, 1999,
A 1990 study found that 60% of APA-member psychologists surveyed reported that "clients often expressed their personal experiences in religious language and that at least one in six of their patients presented issues that directly involve religion or spirituality (Shafranske & Maloney, 1990). The Ethical Principles of Psychologists and Code of Conduct published by the American Psychological Association in 1992 states that psychologists have an ethical responsibility to be aware of social and cultural factors that may affect assessment and treatment (Canter, Bennet, Jones, & Nagy, 1994 as cited in Lukoff, Lu, & Turner, 1998). Adding additional import to this ethic duty is preliminary research which indicates that increased spiritual well-being is correlated with increased physical well-being (Kass, Friedman, Leserman, Zuttermeister, & Benson, 1991). By better understanding the systems of meaning making encompassed by spirituality, the mental health professions are provided with valuable information that may be used to conduct therapy more effectively. Through increased awareness of issues pertaining to spirituality and psychotherapy, potential pitfalls in transference and countertransference, miscommunication, and abuse of power may be minimized.

Spirituality and Psychotherapy Training

With the thorniness of possible pitfalls, training in spirituality issues would seem essential for any practitioners who wish to address spiritual issues, let alone those who choose to practice spiritually informed psychotherapy. Indeed "Psychologists are
also required to provide services only within the boundaries of their competence” (Canter, Bennet, Jones, & Nagy, 1994 as cited in Lukoff, Lu, & Turner, 1998, p. 24). Yet the situation is such that training is relatively unavailable. A 1990 survey of 409 clinical psychologists who were members of the APA found that only 5% had religious or spiritual issues addressed in their training (Shafranske & Malony, 1990). A 1991 survey of Association of Psychology Internship Centers training directors found that “83% reported that discussions of religious and spiritual issues in training occurred rarely or never. One hundred percent indicated that they had received no education or training in religious or spiritual issues during their formal internships” (Lannert, 1991 as cited in Lukoff, Lu, & Turner, 1998, p. 24). Other studies indicate that this is the norm for all mental health professions (Sansome, Khatain, & Rodenhauser, 1990).

In the past ten years, many books have been written regarding the confluence of spirituality and psychotherapy (Pargament & Saunders, 2007). This recent increase of scholarly writing regarding spirituality and psychotherapy is also reflected in the field of Counseling Psychology, the field of study of the researcher of this dissertation. At the same time, research indicates that relatively little emphasis is placed upon such issues of spirituality in Counseling Psychology training programs (Schulte, Skinner, & Claiborn, 2007).

In accordance with our definitional understanding of spirituality, all individuals, including Counseling Psychologists and other psychotherapists, are located along multiple dimensions of a spiritual continuum. The untrained
psychotherapist may well be unaware of her or his spiritual framework, and that lack of awareness may result in a negative impact to therapy. “The therapy field has adopted the recognition that we cannot not communicate... as a truism of human interactions. Our verbal statements and nonverbal behaviors, those of clients and therapists, are always self-revealing and influence relationships in a profound and often subtle way. It can therefore be said that we also cannot not influence.” (Haug, 1998, p. 476). Studies have specifically shown that clients are prone to adopting the values of their psychotherapists (Kelly, 1990; Schwehn & Schau, 1990). This makes clear the need for intensive spiritual self-examination by psychotherapists:

Therapists might uncover disempowering, cynical, inflexible, or hopeless attitudes and convictions which may negatively affect their personal lives, get communicated in therapy, and influence clients. In the process of reassessing their implicit or explicit philosophy of life therapists may choose alternative views of a more spiritual, empowering nature—to their personal and their clients’ benefit (Haug, 1998, p. 477).

Psychotherapists’ beliefs about spirituality have also been found to correlate with psychotherapists’ theoretical orientations. Bilgrave & Deluty (1998) found that Christian psychotherapists tend to endorse a cognitive behavioral approach, while those with more Eastern and/or mystical beliefs tended to endorse humanistic and existential theoretical models. Clearly, psychotherapist issues of spirituality have an effect on the work that is conducted with clients. Greater psychotherapist self-
awareness in this area may provide the psychotherapist with greater choice and skill in interacting with clients surrounding both these and other issues.
CHAPTER II

OVERVIEW OF BUDDHIST INFORMED PSYCHOTHERAPY

Chapter Contents

This chapter provides an overview of Buddhist perspectives on psychology. The first section addresses basic Buddhist premises. The second section explores the relationship between Buddhism and psychotherapy. The third section addresses issues of application of Buddhist psychotherapy in actual clinical practice.

Basic Buddhist Premises

*Buddhism, Spirituality, and the Self*

Buddhism is typically thought of as one of the world's major religions. Its status as a religion, however, has long been subject to some debate. Houston Smith, one of the most widely recognized authors in comparative religions, describes Buddhism as taught by the Buddha (“Buddha” meaning literally “the awakened one”) as violating the major features normally considered as requisite to religions (Smith, 1994). The original Buddhist teachings are devoid of authority, ritual, tradition, and
the supernatural. Instead, these teachings provide a framework that is empirical, scientific, pragmatic, therapeutic, psychological, egalitarian, and directed at individuals (Smith). Upon the death of the Buddha, however, Buddhism took on many of the trappings of religion that the Buddha himself had eschewed during his lifetime. Although, Buddhism is widely recognized as a religion, it is unique in many aspects. This has led many to argue that Buddhism is more aptly thought of as a nontheistic philosophy (Herbrechtsmeier, 1993).

Despite the ongoing debate as to Buddhism’s status as a religion, it is clear for the purpose at hand that Buddhism does provide a spiritual framework. As discussed previously, spirituality is typically understood as describing an individual’s unmediated experience of connection with the ground of being itself. Buddhism easily fits this description. Buddhism describes existence as being ultimately “nondual,” as being interconnected and unified on the most fundamental levels (Herbrechtsmeier, 1993). While some sense of duality remains (e.g., a differentiation between one person and another), this is complemented paradoxically with nonduality, in which each individual is understood as being “empty” of independent existence (Nhat Hanh, 1998). It is within this context that the individual “self” is understood to exist. “When we touch on these things deeply, we see the interbeing and interpenetrating nature of all that is” (Nhat Hanh, p. 136). This emptiness of independent existence can be illustrated by considering an orange. An orange is a separate individual thing, but it does not exist without sunlight, water, and dirt. When you eat an orange, you are connected with the sun, with the earth, with the clouds, and with the tree from which
that orange came. Indeed, these myriad connections are always at play, in all aspects of life. "We get caught in the sign ‘self,’ because we think there are things that are not the self. But when we look deeply, we see that there is no separate, independent self, and we become free of the sign of self. We see that to protect ourselves, we have to protect everything that is not ourselves" (Nhat Hanh, p. 141).

While Buddhism does not exactly negate the traditional views on self as established by Western Psychology, it does expand upon them. From this point of view, transcending the self, experiencing the ground of being directly, and then continuing with the work of the self, are also goals of psychotherapy informed by Buddhism. Huang Po, a Buddhist poet, wrote several centuries ago that “Men are afraid to forget their minds, fearful to fall through the Void with nothing to stay their fall. They do not know that the Void is not really void but the realm of the real Dharma [i.e. Cosmic Law]” (Huang Po as cited in Epstein, 1998, p. vii). This stance on the concept of Self is one area among many in which psychotherapy informed by Buddhism differs itself from other major psychological streams.

It is important to note at this point that much Buddhist-informed psychological writing regarding the self stresses the necessity of a “healthy” sense of ego prior to moving beyond a limited experience of the self. Jack Engler (1984) writes that “It is developmentally necessary to acquire a cohesive and integrated self first, one that is differentiated from others and has a degree of autonomy” (Engler, 1984, p. 43). Lacking such healthy ego development prior to moving beyond the ego is likely to have serious deleterious effects.
Both a sense of self and insight into the ultimate illusoriness of its apparent continuity and substantiality are necessary achievements. Sanity and complete psychological well-being include both, but in a phase-appropriate developmental sequence at different stages of object relations development. The attempt to bypass the developmental tasks of identity formation and object constancy through a misguided spiritual attempt to “annihilate the ego” has fateful and pathological consequences (Engler, 1984, p. 52).

The Buddhist conceptualization of ultimate nonduality functions to bypass questions about the status of Buddhism as a religion, and clearly delineates Buddhism as a spiritually oriented framework.

*The Four Noble Truths*

There are many other aspects of traditional Buddhist teachings that may inform psychotherapy and psychological theory in general. In order to understand better how these teachings may function in a psychological context, a brief overview of some central concepts provides some grounding within this discussion. The core of Buddhist teaching is contained in what are referred to as “the four Noble Truths” (Daya, 2000; Nhat Hanh, 1998).

The first Noble Truth is that life is characterized by “dukkha,” a Pali word (Pali is the language in which the Buddhist Sutras were first written) which literally translates as a state of being out of balance, as a wheel that is out of true alignment.
This concept is often translated by saying that life is suffering, however this translation subtly changes the underlying message. The word “dis-ease” is sometimes used to describe this state (Daya, 2000, p. 258). Clearly, some pain is inherent in life, as are old age, sickness, and death. Additionally, personal preferences can contribute to dis-ease. Not getting what you want, getting what you don’t want, and getting what you want but fearing losing it may all further contribute to a sense of dissatisfaction.

The second Noble Truth is the Doctrine of Dependent Origination, which clarifies “the origin, roots, nature, creation, or arising... of suffering. After we touch our suffering, we need to look deeply into it to see how it came to be. We need to recognize and identify the spiritual and material foods we have ingested that are causing us to suffer” (Nhat Hanh, 1998, p. 9). Much of the source of dissatisfaction is said to arise from the individual’s belief in a permanent, unchanging self and then attempting to cling to ideas, things, and people. This kind of stance toward life “makes unintended, unanticipated change grave. Whatever a person has written into his/her definition of self, he/she is thereby required to search for, cling to, or defend” (Daya, 2000, p. 260).

The third Noble Truth is that there exists a release from the imbalance of “dukkha” that is actually available within this lifetime. This is sometimes described as being a cessation of suffering. Kawamura (1990) describes this relief as coming from seeing reality as it is, deconstructing the divisions and boundaries that we have created to delimit people, things, and ideas.
The fourth Noble Truth is the Eightfold Path, a way of being in the world that cultivates Wholesome View, Wholesome Thinking, Wholesome Speech, Wholesome Action, Wholesome Livelihood, Wholesome Diligence, Wholesome Mindfulness, and Wholesome Concentration (Daya, 2000; Nhat Hanh, 1998). The Pali word “samma” is often translated as “right” instead of “wholesome,” but in English this connotes a polarity with “wrong,” that is not intended. “Samma” could be translated literally as “unbent,” however “wholesome” more clearly reflects the holistic understanding of interdependence that is at the core of this teaching.

Buddhism and Mindfulness

“Mindfulness” is a central concept within Buddhism, and is a concept that is perhaps one of the most readily understood in psychological terms. Mindfulness, simply put, is awareness. Mindfulness is an awareness that is broad in scope and yet focused in intensity.

Mindfulness is a meditative awareness that cultivates the capacity to see things just as they are from moment to moment. Ordinarily our attention swings rather wildly, carried here and there by random thoughts, fleeting memories, captivating fantasies, snatches of things seen, heard, or otherwise perceived. By contrast, mindfulness is a distraction-resistant, sustained attention to the movements of the mind itself. Instead of being swept away and captured by a
thought or feeling, mindfulness steadily observes those thoughts and feelings as they come and go. (Bennet-Goleman, 2001, p. 8).

Buddhist thought has historically focused upon the use of mindfulness as a tool for personal transformation. This is accomplished by one’s focusing mindful attention on thoughts and other phenomena in relation to three concepts: nonself (the emptiness of independent existence, as described previously), impermanence (the transitory nature of all phenomena), and release from suffering (realization of the interpenetrating and interconnected nature of all things). These three concepts have been at the core of Buddhist thought since the time of the first written texts reporting the teachings of Gautama Buddha, and they are known as the “Three Dharma Seals” (Nhat Hanh, 2001). Fundamentally, they are another way of understanding the “Four Noble Truths,” as described above. A basic premise of this approach is to achieve transformation by keeping in mind a broader perspective upon reality (the Dharma Seals) vis a vis our self-defeating patterns of thought and behavior. In this light, an awareness of our self-defeating patterns can become the very instruments that release us from suffering. “When we transform our forgetfulness into mindfulness, we see that there is nothing we need to reject or discard” (Nhat Hanh, 2001, p. 167).
The Relationship between Buddhism and Psychotherapy

Buddhism Psychotherapeutic Foundations

A Buddhist monk, Punnaji, published a 1978 article describing the potential for Buddhism as a form of therapy.

Of course, the Buddhists of... Buddhist countries don’t look upon Buddhism as a psychotherapy. It is mainly understood as a form of religion. Of course, those scholars who study the teaching of the Buddha... tend to regard the teachings as a philosophy. Now as I see it, these two ways of thinking... can be seen as two extremes. Avoiding these two extremes, I would like to take the Middle Path, which is to treat the teaching of the Buddha as a form of psychotherapy... I would say that if Buddhism is introduced into the modern world as a psychotherapy, the message of the Buddha will be correctly understood (Punnaji, 1978, p. 44).

Buddhism is a holistic approach toward easing life’s suffering and in restoring balance. Buddhist-informed psychotherapy aims not merely at removing the pain of psychological symptoms but instead at recognition of wholeness. This differs from the focus of traditional Western psychology upon severe psychopathology. The Buddhist-informed approach, instead, tends to agree with Abraham Maslow that “what we call ‘normal’ in psychology is really a psychopathology of the average, so undramatic and so widely spread that we don’t even notice it” (Maslow as cited in Walsh, 1988, p.
Psychotherapy informed by Buddhism can be understood as a wellness model that seeks to optimize potential life satisfaction and functioning (de Silva, 1986). This kind of an approach “aims at something other than conflict resolution or emotional reparation: it offers not only the key for us to engage directly with life itself but also the method of developing the mental faculties so that the kind of working-through that Freud envisioned could actually occur” (Epstein, 1995, p. 160).

Buddhist-Informed Psychotherapy in Relation to Other Approaches

Buddhist-informed psychotherapy shares commonalities with other theoretical approaches. Peter Fenner found significant parallels “between Buddhist theories of emotions and recent western cognitive theories of emotions. The correspondences are most pronounced when looking at the theory of Lazarus” (Fenner, 1987, p. 226). Fenner notes, however, that the Buddhist perspective contains an altruistic outlook while cognitive approaches such as rational-emotive therapy posit a basically self-centered and individualistic approach to life. Padmal de Silva (1990) describes a series of specific techniques in traditional Buddhism which are proscribed for controlling unwanted, intrusive cognitions that are also markedly similar to standard Western cognitive approaches.

Similarly, Internal Family Systems (IFS) therapy closely parallels aspects of Buddhist-informed psychological thought. Internal Family Systems (Schwartz, 1997), developed by Richard Schwartz, hinges upon his observations that “people consist of
a multiplicity of subpersonalities that operate with each other very much as a family system and that the same principles that worked with families were applicable to the internal family of subpersonalities” (Holmes, 1994, p. 27). Thomas Holmes (1994) observed the striking similarity between Schwartz’ model and a Tibetan Buddhist teaching that says “A ‘person’ resembles an assembly composed of a number of members. In this assembly discussion never ceases. Now and again one of the members rises, makes a speech, and suggests an action; his colleagues approve, and it is decided that what he has proposed shall be executed” (David-Neel as cited by Holmes, 1994, p. 33). The traditional Buddhist parable continues to describe how conflict may arise between members of the “assembly,” in language that is very close to that of IFS theory.

Marsha Linehan’s “dialectical behavior therapy” (DBT) model draws directly upon Buddhist concepts in working with Borderline Personality Disorder clients. DBT “stresses the fundamental interrelatedness or wholeness of reality” (Linehan, 1993, p.2). DBT frames reality as an evolving synthesis of theses and antitheses, and sees dichotomous thoughts and behaviors as dialectical failures. Mindfulness, explicitly drawn from Buddhism, is utilized as a core tool to resolve these dialectical failures.

Psychological perspectives informed by Buddhism not only happen to parallel other psychological theories, but they have even been directly influential in the formulation of major branches of Western psychological theory. Abraham Maslow, a key figure in the development of both humanistic and transpersonal psychology
movements, drew heavily from concepts central to Buddhism. This influence is especially apparent in his writing on “creativity, psychotherapy and counseling, the psychology of science, interpersonal relationships, education, receptive perception, and the peak and plateau experiences” (Cleary & Shapiro, 1996). Maslow is credited with being one of the most important figures in bringing Eastern concepts into Western psychotherapy.

Integration of Buddhism and Psychotherapy

Most practicing psychotherapists do not identify with only one theoretical branch of psychology but rather “identify themselves as ‘eclectic’ or ‘integrative’” (Norcross & Prochaska, 1982, 1983, 1988)” (Morgan, 2001, p. 88). Such practitioners do not limit themselves to a single stream of theory, but seek to draw from across the broad currents of psychological thought. This psychological integration provides psychotherapists with diverse perspectives to approach the multifaceted texture of human experience.

Some practitioners see Buddhist psychotherapeutic thought as providing a framework for a broad East-West psychotherapeutic integration. Ken Wilber (1977), in his book The Spectrum of Consciousness, described psychological experience as existing in layers like an onion. At the outer layers, he located levels of Ego, Existential issues, and Mind. These layers correspond with much of what has been traditionally addressed by Western psychotherapy. He further described, however,
inner layers of consciousness that correspond to the enlightened awareness addressed by Buddhism. Other authors (Messer, 1992; Rubin, 1993; Suler, 1993) have further described the complementary nature of Eastern and Western approaches, typically finding neither complete without the other.

Some in the field of psychotherapy, however, disagree vehemently about the wisdom of even attempting to integrate Buddhist concepts with psychoanalysis. Sy Ethan (1999) described the Buddhist perspective and the psychological perspective as being in clear opposition. While complete integration of Buddhism and psychotherapy may not be possible or even desirable, Ethan’s criticisms are unfortunately based largely upon misunderstandings and misapplications of Buddhist concepts. For example, Ethan characterizes Buddhism as advocating self-mortification, radical isolation from everyday life, and total submission to spiritual authority (Ethan, 1999, p. 41), all of which are distinctly contrary to Buddhist tradition. Nevertheless, the dialogue between proponents and opponents of the integration of Buddhism and psychotherapy continues (Mikulas, 2007). Both sides of this argument are likely to be of use in understanding Buddhist-informed psychotherapy as it is being practiced today.

Training in Buddhist-Informed Psychotherapy

Compared to training opportunities available for study of other contemporary theoretical perspectives, there are relatively few trainings available in general
Buddhist-informed psychotherapy (although trainings specifically in mindfulness and psychotherapy have proliferated over recent years). Various presentations or workshops are occasionally offered in locations scattered across the country. A major exception, however, to the dearth of currently available programs is Naropa University in Boulder, Colorado. Formerly known as The Naropa Institute, Naropa University offers a three-year Master of Arts program in Contemplative Psychotherapy. They describe their program as having "two parents: (1) the wisdom traditions of Buddhism and Shambhala and (2) the clinical traditions of Western Psychology, especially the humanistic school" (Naropa, 2000, p. 105). Students are required to learn meditation along with other body awareness practices such as T'ai Chi Ch'uan, Yoga, and Aikido. They are also required to spend a total of 10 weeks living together on retreat. The North Central Association of Colleges and Schools accredits Naropa University. Graduates of this program are eligible to sit for the Licensed Professional Counselor credential in the state of Colorado.

A handful of other training programs are available that broadly include Eastern philosophy in their training. While not focusing exclusively upon Buddhist perspectives, these programs include Buddhist ideas within their curricula. The California Institute of Integral Studies (C.I.I.S.), located in San Francisco, offers both Ph.D. and an M.A. tracks within its East-West Psychology program. This program is described as embracing "a spiritually informed multiculturalism that emphasizes an understanding of our own worldview and the capacity to enter into the worldviews of others" (C.I.I.S., 2003). The State University of West Georgia (S.U.W.G.), the only
public institution to fall within this category, offers both an undergraduate and an M.A. degree in Humanistic and Transpersonal Traditions within its psychology department. They draw from several streams of thought within their training regimen: “Literature, history, art, sociology, anthropology, religious studies, neuro-science, and the philosophy of East and West inform and enrich our program” (S.U.W.G., 2003).

The Institute of Transpersonal Psychology (I.T.P.) in Palo Alto, California, offers both an M.A. and a Ph.D. program in Transpersonal Psychology. Again, the emphasis is not upon Buddhism, but upon a broad vision that includes Buddhism. They describe their transpersonal master’s program as exploring “new paradigms of communication, learning, community, spirituality, creativity, and awareness of self and others” (I.T.P., 2003). While the master’s program at I.T.P. does not satisfy licensure requirements for clinical practice, their Ph.D. program does satisfy requirements for licensure as a psychologist in California. John F. Kennedy University (J.F.K.U.), in Orinda, California, offers a Master of Arts program in Integral Psychology. They describe their program as follows: “Drawing from Western and Eastern psychologies and spiritualities, as well as from theories on the evolution of consciousness, integral psychology incorporates psychoanalytic, behavioral, humanistic/existential, and transpersonal psychology perspectives” (J.F.K.U., 2003). While these programs all include Buddhist perspectives within their purview, they are all more expansive in their presentation.
There are both many commonalities between Buddhist-informed psychotherapy and traditional Western psychotherapy, as well as many divergences. While Buddhist-informed practitioners may employ many techniques and interventions familiar to traditional Western psychotherapists, they may also employ techniques and interventions specific to their theoretical outlook. A technique historically associated with Buddhist practice is meditation.

It is through meditation, it is said, that the Buddha achieved his enlightenment. While not necessarily promising ultimate enlightenment to all clients who utilize it, meditation has been shown to have a variety of measurable outcomes. Meditation has been shown to enhance relaxation, to reduce blood pressure, anxiety, addiction, and stress, metabolism, pain, depression, hostility and stress (Andresen, 2000). In physiological response, meditation appears to be related to yoga, biofeedback, and autogenic training. A comprehensive meta-evaluation of meditation research conducted by Michael Delmonte in 1985 found that “above all else, its practice did promote a greater sense of general well being or inner peace” (Seaward, 2002, p. 339). Meditation has also been used to enhance body image (Mullen, 2001).

Other techniques may also be considered relatively unique to Buddhist-informed psychotherapy. Mind training in ethics and the control of attention as a discipline may be utilized (Walsh, 1988). Ron Leifer (1999) developed a seven step anger treatment program based upon Buddhist principles that fosters awareness,
responsibility, and choice. Cogswell (1993) describes a practice that he refers to as "Walking in your shoes." This technique utilizes Buddhist principles along with traditional Western psychotherapeutic theory to enhance empathy and relationship (Cogswell, 1993). Still other techniques may be in use that have yet to appear in scholarly publications.

**Issues of Buddhist Psychotherapeutic Application**

*Statement of the Problem: Buddhism and Psychotherapy Practice*

There is a basic lack of information about the use of spirituality in psychotherapy, let alone information about the actual methodologies of spiritually informed psychotherapies. While several broad theoretical writings on Buddhist informed psychotherapy have been published (Mikulas, 2007; Olthuis, 1999; Page & Berkow, 1991; Slife, Hope, & Nebeker, 1999; Sugamura, Haruki, & Koshikawa, 2007; Wallace & Shapiro, 2006; Walsh, 1988) there is still scant information about dimensions of practice in spiritually oriented psychologies. Similarly, although there have been several broad theoretical writings published about Buddhist-informed psychotherapy (many of which have been discussed in this literature review) information about the actual practice of psychotherapy as informed by Buddhism is even less available. Overall, the paucity of scholarly information about the practice of Buddhist-informed psychotherapy presents viable opportunities for future research.
Inherency and Relevance

The original research conducted for this dissertation is important for several reasons. Ethically, the unexamined application of psychological ideas is questionable. No such review describing applications of Buddhist-informed psychotherapeutic perspectives had been conducted previous to this study. Scientifically, there may be areas in which psychotherapy informed by Buddhist perspectives may be preferable or less desirable with various groups of clients. Buddhist-informed psychotherapists and other counselors in general, may benefit from a more widespread awareness of the techniques and methodologies employed by these individuals. Additionally, Buddhist-informed psychotherapists themselves will likely benefit from a conscious examination of their treatment approaches, especially due to the fact that mindfulness is a cornerstone principle of Buddhism. As there has been extremely little written on applications of Buddhist psychological perspectives, and no efforts at any systematic examinations of how such practitioners actually conduct their work, this current research represents an original endeavor that provides important exploratory information on the work of this set of psychotherapists.
CHAPTER III

METHODOLOGICAL FRAMEWORK

Overview of Methodology

This chapter describes in detail the methodology employed in this study. The first section provides a broad context and rationale for employing qualitative methodology in this research. The second section describes the research questions in this study and delineates the processes used to collect, analyze, and validate data. The third section addresses the nature of the data collected, the participant sample, and the application of a phenomenological interviewing approach in constructing the text of the data collected.

Section I: The Use of Qualitative Research Methods

The first section of this chapter on methodology addresses the contexts in which qualitative research exists and the reasons why qualitative interviewing and associated data collection techniques were utilized in conducting this research. This first part of Section I broadly compares qualitative and quantitative research traditions. The second part focuses on the implicit assumptions of qualitative research
in general, and in this particular study, and the third part concludes Section I with a
discussion of a major qualitative approach utilized in this research, the
phenomenological interview.

Section I – Part 1: A Comparison of Qualitative and Quantitative Methods

In understanding the choice of qualitative methodology for the research
project at hand, it is important to grasp the context of qualitative data in a research
landscape historically dominated by quantitative inquiry. This first part of Section I of
this methodology chapter broadly compares qualitative and quantitative
methodologies. This comparison initially focuses on differing knowledge claims
made by qualitative and quantitative research. Secondarily, Section I compares
strategies employed by both styles of research. This first section concludes with a
discussion of the choice of a qualitative approach for this research dissertation.

Knowledge Claims Made by Qualitative and Quantitative Approaches

Claims regarding the nature of knowledge can be understood as an underlying
ground of any work of scientific endeavor. Paradigmatic claims (Lincoln & Guba,
2000), philosophical assumptions (Crotty, 1998), and methodological frameworks
(Neuman, 2000) all refer to common understandings regarding the very nature of
knowledge itself. Awareness and understanding of these assumptions about the nature
of knowledge are critical in understanding both the contexts in which research is
conducted as well as the very results that emerge from that research.

The knowledge claims historically made by quantitative research may be
generalized as being deterministic in nature, statistically representing observable
phenomena in a reductionist fashion, and serving to objectively verify or nullify
theory. The data studied is of an exterior nature to the researcher. Answers may be
seen as being derived from what is known to be true based upon the research
(Creswell, 2003).

Qualitative research makes different knowledge claims than does quantitative
research. The knowledge claims of qualitative research are related to understanding
the lenses of meaning through which participants view the world around them. Social
and historical construction of meaning provide the backdrop for the generation of
theory (Denzin & Lincoln, 1998b). Qualitative research, while once seen more as
competing with quantitative research, is contemporarily viewed as expanding the
scope of data which is available to be researched.

Strategies of Qualitative and Quantitative Research

Quantitative and qualitative research approaches utilize varying
methodological strategies. Quantitative methods typically utilize strategies that can be
readily measured using numerical descriptors. Much effort is focused upon choice of
instrumentation and often experimental manipulation of an independent variable is
utilized within a controlled setting in order to serve as the basis for statements of causality. Correlational research, while not making causal claims, maintains a focus on independent and dependent variables.

Qualitative research, conversely, addresses issues that are less readily framed by numbers and statistics. Natural settings are the norm and multiple interactive, humanistic methods are employed. Such research is understood to be emergent, whereby preconceived theory is not so much proved or disproved, but rather theory is developed over the course of the research. This holistic approach to social research is interpretive in nature and draws upon the perspectives of the researcher.

*Qualitative Approach and Phenomenology*

This dissertation research project is an exploratory study into an area that has been relatively unexamined by previous research. A qualitative, postmodern approach (Olthius, 1999) was employed, given not only the nature of the material to be studied, but also given the general lack of available information in this growing area of study. This approach is generally classifiable as phenomenological. Phenomenology, within the context of research, can be understood as conducting a study that “focuses on descriptions of what people experience and how it is that they experience what they experience” (Patton, 1990, p. 71). In this context, a phenomenological perspective focuses on distilling an “essence” in common to all who experience a phenomenon,
by way of attempting to understand the variety of experience of those who are involved with the phenomenon (Patton).

Phenomenological research is one of the major streams of qualitative research. Phenomenology aims to understand the human experience concerning a particular phenomenon. Phenomenology, in a research context, involves establishing relationships with the lived experience of the research participants through extensive study of a small number of individuals (Moustakas, 1994). Phenomenology can be understood as both a research method as well as a philosophical approach, whereby patterns and relationships of meaning are discerned. A phenomenological approach is a means of approaching the lived lives of individual human beings (Creswell, 2003).

Section I – Part 2: Implicit Assumptions of Qualitative Data

The second part of the first section of the methodology chapter of this dissertation explores the implicit assumptions of qualitative data. The nature of the self-other relationship in the course of research is first addressed. The values of the researcher in the context of constructivist architectures are then examined. This second section of the first part of this methodology chapter concludes with a bracketing discussion that addresses the first-person values of the researcher conducting this work with regard to the material presented.
The postmodern critique of positivist research is commonly understood as a hallmark of qualitative research tradition. In this critique, power relationships are often viewed as being at the root of points of view where a single voice dominates. All too often, this point of view is thought of as “objective” with regard to any particular discourse (Rosenau, 1992). The qualitative research movement adds the possibility of additional types of information in the larger research discussion. Bias is typically not ignored in qualitative research, but is subsumed under an inclusion of various points of view that are inherent in any human endeavor. Honesty, then, is the imperative to the extent possible in elucidating the points of view of the individuals involved in conducting the research. From this perspective, “subjects” are not studied by an “objective” researcher, but are rather considered fellow participants in the research project (Woods, 1999).

Single-Case Pilot Study

As so little has been written on the topic of Buddhist informed psychotherapy to date, the current exploratory study was prefaced by a single-case pilot study. This single-case study, a separate project in and of itself conducted in preparation for the present research (and in fulfillment of the requirements for a qualitative research course), was designed to elucidate a range of possible research questions and to
investigate the centrality of such questions relative to other, alternative, inquiries. I met with a Buddhist informed psychotherapist for three sessions, each session being of approximately two hours in length. All sessions were tape recorded and the summary of the findings provided the basis for the current research questions.

The psychotherapist who participated in this initial pilot study had a history of over 30 years of work in the psychotherapy field. He worked with a wide range of individuals assigned a wide variety of diagnostic labels. His experience with Buddhism was also extensive, having a similar 30 years of intensive experience, both in regular practice of meditation with different meditation groups, regular attendance at presentations on Buddhist thought (“dharma talks”), and in retreats with both lay practitioners and Buddhist monks.

This participant was informed as to the basic nature of the inquiry prior to our initial meeting and was able to preliminarily formulate some basic ideas that he wanted to share with regard to the current project. As we delved into these ideas together, further issues came to light that were also of relevance. At the end of each session, we summarized our work together for that day. At the beginning of each subsequent session, we reviewed the summary of ideas and began again. At the end of our third session, we reviewed all our notes together and worked to establish hierarchies of meaning regarding various subject areas for further research. I analyzed these further on my own.

The findings of this single-case pilot study are represented as the current research questions and the topics included within the semi-structured interview guide
Chief among these are questions regarding impermanence, self and non-self, suffering and the release from suffering, the integrated roles of other psychotherapeutic perspectives, ethical dilemmas, and efficacy. The current research questions, as presented later in this chapter, represent the fruits of this single-case pilot study (along with input from my dissertation committee).

**Researcher's Story**

In the spirit of identifying bias, again not as a shortcoming but as an ever-present element, the researcher emerges from behind the curtain of the third-person perspective to be illuminated as an "I." This illumination is commonly referred to as "bracketing," as an aside to include the perspective of the author (Nieswiadomy, 1993). As the author of this dissertation, I share some of the personal experiences that have brought me to the point of authoring this current research.

I earned an interdisciplinary degree from the University of Iowa, focusing on emphases in both psychology and religion. It was at the University of Iowa that I took my first courses in both counseling and in Buddhism. Both of these courses interested me greatly and began to impact the way that I understood my life and my relationships to the rest of the world and to other people.

I continued my studies at Starr King School for the Ministry in Berkeley, California, a member school of the Graduate Theological Union (GTU). This consortium of schools offered the opportunity to take classes at any member
institutions of my choice. I chose to include several courses from the Institute of Buddhist Studies, allowing me to study with expert practitioners from various schools of Buddhist thought, including Zen Buddhism, Tibetan Buddhism, Theravada Buddhism, and Jodo Shinshu Buddhism. One of the teachers with whom I repeatedly worked was the head of a Sri Lankan temple who left the temple for extended periods of time to teach in the United States. In addition to studying Buddhism at the GTU, I also took multiple courses in both counseling and in psychology. I ultimately received a master's degree in divinity studies from Starr King.

I continued my graduate education at California State University at Hayward (CSUH) where I completed a dual-licensure master's degree program in both marriage and family counseling and in school counseling. This program was field-based in public schools in San Leandro, California, where I also had the opportunity to substitute teach during days I was not taking classes. As a counselor-in-training at CSUH, I was able to experience a great deal of therapeutic interaction with children and families, as well as to serve as a consultant to the school district in its continuing development of programming for their student population.

Feeling that there was still more that I wanted to learn about the counseling process, I continued my graduate education at Western Michigan University’s (WMU) doctoral program in Counseling Psychology. While taking classes there, I have been able to gain both a much greater depth of theoretical understanding of the counseling process by way of studying with master therapists, as well as a great deal of clinical experience and foundational preparation for greater depth work in
psychotherapy. As an adjunct to my doctoral program, I also regularly took courses through WMU’s Holistic Studies program. Most of these courses included content directly related to Buddhist psychological principles.

Subsequent to my coursework at WMU, I participated in a predoctoral internship at the University of Oregon. While there, I was able to conduct psychotherapy with a diverse student body as well as to receive in-depth supervision. Both my coursework at WMU and my internship experience focused largely upon working effectively with such diverse populations.

My most recent professional activities have included working as a professor of psychology and professional counseling at a small Christian college in Eugene, Oregon. While there, I had the opportunity to work closely with both graduate and undergraduate students as a professor, and to engage in supervision of masters’ level students in professional counseling. This setting also provided a context for in depth discussion of issues pertinent to both psychotherapy and spirituality in general. At the current time, I have returned to my main career focus, that of directly conducting psychotherapy.

Although I have studied Buddhism in formal educational settings, most of my study in Buddhism has been conducted informally, both alone and in group contexts. My practice of Buddhist principles has altered my perspective on my daily life in many positive, experiential ways. Rather than becoming a “convert” to Buddhism, I have found that it has not only been easily integrated with my personal spirituality, but that it has helped to breathe life into my relationship with the spiritual tradition in
which I was raised (Christianity). I have found Buddhist principles to be of great use in practical, daily settings, especially with regard to stress management. I have also found it to be of great use in framing psychological issues in my professional work. I think of myself as being not so much proselyte for Buddhist ideas, but rather as a person who would gladly share what has worked for me, with an understanding that these ideas need to be weighed by each individual considering them.

An example of my own personal application of Buddhist principles in my daily life is that of meditating upon impermanence. While this practice appears in various forms in Buddhist traditions across the globe, it may be surprisingly familiar to many non-Buddhists as well. I liken this process to gazing up at the sky on a starry evening. All the light from every star that is seen is old beyond experiential understanding. My own life seems so small in relation to these distant suns. For all we know, any particular star that emitted the light we see may well not even exist at the present time, as the light has traveled for perhaps millions of light years. With this perspective in mind, to what do my daily troubles amount? And, also with this perspective in mind, the joys in this brief flicker of life with which we are blessed seem worthy of embracing mindfully. It is this sort of experiential shift that has been so useful to me in real and pragmatic ways.

As a clinician, I regularly draw upon Buddhist concepts in my work with clients. Given the importance of the relationship in common factors research (Krause, Lutz, & Saunders, 2007; Jorgensen, 2004; Rosenzweig, 2002) and given the inextricability of my experiences with Buddhism from my totality as a person, I
imagine that, at some level, it colors all of my clinical work to some degree. I have, on occasion, directly taught basic meditation to clients who were seeking tools to deal with issues of anxiety and general stress. I have also utilized Buddhist informed frameworks to conceptualize clients (as well as just about everything else that I'm thinking about). Not that I would claim to apply these with invariable mindfulness, but I do apply them.

Setting out upon this research project, I began with hunches about the sort of information that I might encounter. I expected that there would be a wide range of ways in which Buddhism was utilized in the personal lives of psychotherapeutic practitioners and in the ways that Buddhist informed psychology was manifested in clinical practice. I expected that the research questions would be readily understood by my research participants and that their value would be self-evident. I expected a particularly wide range of experiences regarding participants explicitness (or lack thereof) regarding their use of Buddhist principles. Based upon my previous work as a professional in this area, I expected that the concept of non-self, about which I am very interested, would probably not be found in wide application. I expected that interventions both specific to Buddhist-informed psychotherapy as well as traditional clinical interventions would be found to be in usage by the psychotherapists under study. I also expected, above all, that I would learn a great deal about ways that I might choose (or not to choose) to implement Buddhist informed psychology as a treatment modality in my own work as a psychotherapist. That, at the very least, was
my minimal hope, and one that was quite fulfilled (as are described in the next 
chapter).

Section I – Part 3: The Process of Phenomenological Interviewing

The third part of this first section on methodology describes the process of 
phenomenological interviewing utilized by this research. The first section of this part 
of Section I describes the seven-stage model of understanding the phenomenological 
interview process and its application in the current research. The second part of 
Section I concludes with a discussion of adjunctive phenomenological data sources 
beyond the interviews themselves.

Seven Stage Model of Phenomenological Interviewing Introduced

Steinar Kvale, in his 1996 text *InterViews*, presents a seven stage model for 
use in approaching phenomenological, qualitative interviews. This model includes 
both logistical information, as well as ethical aspects of conducting such research. 
Validity issues (to be examined immediately following the presentation of the model) 
are also addressed.

The following stages used in this research have been adopted from Kvale’s 
model (the description of their application follows their general presentation):
1. Thematizing. This stage involves the formulations of purpose and scope prior to considering methods.

2. Designing. This stage involves engagement with all seven stages of the interview process with intention focused upon the knowledge that is intended to be obtained in the course of the research.

3. Interviewing. Using an interview guide and reflecting upon the subject matter, interpersonal engagement is carried out with regard to the interview situation.

4. Transcribing. This stage involves transforming the interview data into a format which is more easily subject to analysis (i.e., spoken voice converted to written text).

5. Analyzing. Based upon the purpose and topic of the investigation and the nature of the interview material, analytical methods are brought to bear upon the textual data.

6. Verifying. At this stage the quality and authenticity of the analyzed data is ascertained.

7. Reporting. This involves communication of the findings of the study and methods in a manner consistent with scientific and ethical criteria, resulting in a readable product (Kvale, 1996).
Kvale’s 7-stage model was utilized both as a planning tool and as a means of enhancing the authenticity and trustworthiness of the presentation and exploration of the participant narratives. Utilizing the 7-stage model as a guide also in the presentation of such efforts to maximize credibility, the following stages of application were utilized:

Stage 1: Thematizing. Preliminary steps of the thematizing stage were conducted in a preliminary pilot study. In this study, a much longer interview format was utilized with considerably less structure in order to ascertain major areas for further study. This pilot study was conducted with a single participant who met all the subsequently derived qualifications of the current research project. Thematizing was further conducted in collaboration with members of my doctoral committee.

Stage 2: Designing. The designing stage of this dissertation was formalized by way of the research proposal. All seven stages of the research were planned at this time, with intention focused upon discovery of 10 actual cases of application of Buddhist psychological thought by psychotherapists. Collaboration with doctoral committee members played a critical role at this stage as well.

Stage 3: Interviewing. Interviews were conducted both by telephone as well as in-person whenever possible. The interview guide and hypothetical case as designed served as a framework for these semi-structured sessions. Interviews were invaluable in understanding this data within a relational and mentoring context.
Stage 4: Transcribing. Transcribing interviews was conducted both personally and with the aid of a colleague. This stage allowed for reflection upon the materials and the experience involved in the interviews. Audiotaped interviews were converted to Microsoft Word files.

Stage 5: Analyzing. Analysis was conducted both manually and by way of QSR NVivo 7 qualitative analysis software, as described above. Coding transcript data and cross case comparison were greatly enhanced by the capabilities of the software package. Adjunctive materials, including scanned documents and photos as well as memos and annotations, were also included in the NVivo analysis. Major topics from the interview guide as well as emergent themes were designated as codes in the form of both independent and tree (hierarchical) "nodes" within the software framework. Case nodes included information from the demographic questionnaire. NVivo software allowed for coding of nodes across cases, and subsequent queries of the data allowed for analyses to be conducted along individual and multiple dimensions across all cases. These queries were then the subjects of new nodes as was applicable.

Stage 6: Verifying. Issues of generalizability, reliability, and validity of the analyzed data were addressed in the course of analysis and discussion of results. Qualitative research traditions often eschew such operations as these that stem from quantitative data analysis. This research, however, was conducted with such verification issues in mind to enhance the utility of the work for the particular purposes of this dissertation. An auditor with a background in both counseling and
Buddhism was utilized as a "devil's advocate," to point out shortcomings, inconsistencies, and other weaknesses of the research in general, both during the initial process of writing, as well as in the final stages of review. Additionally, a draft of the findings was shared with participants to solicit their feedback and to utilize their feedback in preparation of the final version.

Stage 7: Reporting. Standard dissertation formatting has been followed as an archetype in the reporting of the results of this research. Findings of the study have been reported in a manner that maintains the confidentiality of research participants as requested in the consent process. The dissertation at hand represents the final report of this research project. At this point, there are no specific plans in place for future publication of this data, although such publication is a possibility.

Adjunctive Phenomenological Data Sources

In approaching the phenomena associated with the practice of psychotherapy as informed by Buddhist psychological perspectives, the research participants extended their study participation beyond simple interviews. In the qualitative method of "triangulation," multiple data streams are employed to understand the phenomenological experience from varying perspectives (Denzin & Lincoln, 1998a). This study employed several data sources in addition to interviews. These included: a hypothetical case study evaluation, a demographic questionnaire, photographs of the psychotherapists' therapy offices, printed materials typically provided by the
psychotherapists to their clients, and online materials. The processes for utilization of these materials are described later in this chapter.

The hypothetical case study (Appendix D) provided an opportunity for participants to demonstrate both case conceptualization and treatment planning. The hypothetical case described the plight of a client named Delia, who described experiencing symptoms of what she called “depression.” Variables at play within her scenario included relational distancing from her husband, a sacrifice of personal educational goals for her children, guilt over her feelings of sadness, and suicidal ideology.

Section II: Research Questions and Data Sources

The second section of this chapter on methodology addresses the specific data sources explored in this study. The first part of this second section explores the selection of research questions in regard to approaching the research topic. The second part examines data sources and analysis. The final part of Section II of this methodology chapter examines validity issues with regard to this particular qualitative study.
Section II—Part 1: Research Questions

The first part of this second section of this chapter on methodology explores the research questions utilized in this study. First, the research questions under study in this research project are delineated. Secondarily, the first part of the second section of this chapter on methodology concludes with a description of chosen data sources.

Research Questions

The emergence of a therapeutic modality based upon the dialogue between psychotherapy and Buddhism raises many questions. As practitioners of Buddhist-informed psychotherapy give expression to their psychological focus, of what does their therapeutic process consist? For the purposes of this research, this question includes three broad components (please refer to Figure 1): 1) What are the professional backgrounds of Buddhist-informed psychotherapists?; 2) How do Buddhist-informed psychotherapists integrate Buddhist concepts into their theoretical models?; and, 3) How do Buddhist-informed psychotherapists apply and integrate their theoretical perspectives in practice with clients?
Within each of these three broad component questions lie several subsets of questions of importance to this project. The first component question, "What are the professional backgrounds of Buddhist-informed psychotherapists?" broadly examines the demographics of individual participant psychotherapists. Subquestions to be answered in this component include: a) "What type of training is received by Buddhist-informed psychotherapists?"; b) "What types of licensure or practice credential (i.e., license, professional certification) are held by Buddhist-informed psychotherapists?"; c) "How many years of psychotherapeutic practice do Buddhist-informed psychotherapists have?"; d) "What are the number of years of Buddhist practice by Buddhist-informed psychotherapists?"; and e) "How do Buddhist-informed psychotherapists publicly represent the influence of Buddhism upon their practice?". The actual demographics questionnaire to be used is included in Appendix A. While subquestions a-d were put forth formally only under the demographic questionnaire, subquestion e was directly addressed within the interview guide.

The second component question, "How do Buddhist-informed psychotherapists integrate Buddhist concepts into their theoretical models?" focuses upon the four subquestions of: a) "What is the role of the concept of
Change/Impermanence?; b) “What is the role of the concept of Self/Non-Self?”; c) “What is the role of the concept of mindfulness?”; d) “What is the role of the concept of Imbalance/Release from Suffering?”; and e) “How do other psychological perspectives concurrent with Buddhism influence these psychotherapists’ psychological thinking?” (please refer to Figure 2). Subquestions A through D were chosen due to their primary relevance to Buddhist philosophy. These ideas represent components of the central teachings of Buddhism as established in the “Four Noble Truths of Buddhism” (Daya, 2000; Kumar 2002; Marlatt, 2002; Mikulas, 2007).

Subquestion E, “How do other psychological perspectives concurrent with Buddhism influence their psychological thinking?” was chosen to provide greater contextual detail about the application of Buddhist psychological thought in the work of individual psychotherapists whose practices may be informed by divergent theoretical backgrounds. These subquestions are directly addressed within the interview guide located in Appendix C.

![Diagram](image)

*Figure 2: Component question two and areas of subquestion inquiry.*
The third broad component question is "How do Buddhist-informed psychotherapists apply and integrate their theoretical perspectives in practice with clients?" The subquestions under consideration here address a variety of pragmatic practice issues. These include: a) "What, if any, therapeutic interventions utilized are specific to Buddhist-informed psychotherapists?" (It was expected that interventions both specific to Buddhist-informed psychotherapy as well as traditional clinical interventions would be found to be in usage by the psychotherapists under study, as noted above in the discussion of myself as the researcher in the bracketing section); b) "What, if any, ethical dilemmas are particular to the practice of Buddhist-informed psychotherapy?"; c) "How do Buddhist-informed psychotherapists use Buddhist psychotherapeutic ideas in working with non-Buddhists?"; and d) "What is the efficacy of Buddhist-informed psychotherapy in addressing particular client difficulties?". Please refer to Figure 3 regarding specific interventions.

Figure 3: Range of interventions (component question 3, subquestion a).
This study approaches the basic research question of how Buddhist-informed psychotherapy is applied by psychotherapists by examining three components of their work with clients. Questions regarding “psychotherapist background” give context to understanding the work of individual psychotherapists. Conceptual integration questions provide information about the underlying principles brought into play by these psychotherapists. Practice component questions provide information about both specific interventions as well as associated practice issues as implemented by Buddhist-informed psychotherapists. Together, these three components of the research question provide information about the practices of psychotherapists informed by Buddhist thought.

Data Sources

This study examines seven primary sources of data: 1) a demographic questionnaire sent to participant psychotherapists upon their initial agreement to participate in the study; 2) an audiotaped semi-structured interview of one to one-and-a-half hours in length with each participant psychotherapist examining issues of psychotherapeutic theory and issues of practice with clients; 3) a hypothetical case study evaluation, whereby participant psychotherapists were asked to examine a hypothetical client case description and to describe potential conceptualizations of the imaginary client as well as to describe a potential treatment plan and interventions that might be utilized with such an imaginary client. The two-page document
containing this hypothetical case study was provided to participants along with their initial information packet in order to provide time for absorption and processing. The hypothetical case study is addressed within the interview guide. The interview guide appears in Appendix C, the hypothetical case study appears within Appendix D; 4) an analysis of printed documents that these psychotherapists routinely provide to clients (including disclosure statements and other such material); 5) a review of the participants’ professional websites if such were available (appearing in Appendix I); and 6) photographs of the psychotherapists’ offices, from photos taken by research participants who agreed to do so (appearing in Appendix H). A multiple level consent form was utilized, allowing for participation with pictures, participation with analysis of pictures (without reproductions appearing in the dissertation itself), and participation with pictures analyzed and reproduced (Consent form appears in Appendix B). Participants were all provided with disposable cameras, post-paid return envelopes, and directions for taking the pictures. These directions appear in Appendix F. All photos were taken by the participants. A final data source (7), a “contact summary sheet,” was used to record thoughts and impressions regarding every contact made with participants. A copy of this form appears in Appendix E.

Section II – Part 2: Data sources, collection, and analysis

The second part of this second section of this chapter on methodology examines data sources and analysis. Interview data is reviewed at the beginning of
this part. A discussion of the steps of data analysis concludes this second part of Section II.

Interview Data Collection

For this research, a semi-structured interview was utilized as the primary source of data. This allowed for the interviewees to discuss at length the areas that the psychotherapist considered to be most relevant, while at the same time minimizing influence from the researcher upon the course of the conversation. The primary focus of these interviews was upon how these psychotherapists understood the processes that are utilized in the application of Buddhist therapy concepts. A semi-structured approach was chosen so that specific content areas were certain to be addressed. This semi-structure was maintained through addressing the specific content areas contained within each interview. As data collection progressed, the primary questions remained constant, however flexibility was allowed for follow up questions and explanations of questions to vary to include findings discovered in the course of the research project. Flexibility was also provided to probe areas of relevance and interest that were not necessarily covered within the research guide. The interview protocol was based directly upon the basic questions that this research addresses, as well as upon the previous single-case pilot study (described above).
1. Participants were recruited either via telephone or in person. Initial verbal consent to participate was obtained at that time.

2. All contacts with participants were notated utilizing a Contact Summary Form (Appendix E).

3. Participants were sent the following items in the mail:
   a) a cover letter, thanking them for participation and outlining the study;
   b) a consent form;
   c) a demographic questionnaire;
   d) a broad overview of interview topics;
   e) a description of a hypothetical case;
   f) a disposable camera with directions for photographing the practitioner’s office (Appendix F);
   g) a checklist to ensure that all materials are completed and returned (Appendix G); and
   h) a postage-paid return packing envelope

4. Prior to the interview, participants mailed to me (using the postage-paid return packing envelope provided) the following:
   a) a completed consent form;
b) a completed demographic questionnaire;

c) the disposable camera used to take pictures of their psychotherapy office (optional); and

d) printed documents participants routinely provide to clients (including disclosure statements and other such material);

5. I interviewed participants by telephone or in person:

   a) Interviews were conducted utilizing the Semi-structured Interview Guide (Appendix C);

   b) The interview guide was modified as suggested by particular data on returned demographics forms and other materials;

   c) A discussion surrounding the Hypothetical Case Study concluded the interviews (Appendix D);

   d) Interviews were audiotaped.

6. Recorded interviews were transcribed into Microsoft Word files.

7. A preliminary draft of the findings was provided to participants for their verification and incorporation into the final draft of this research project, although no participants responded with such feedback.
Data Analysis

Data analysis (please refer to Figure 4) was performed both manually as well as by utilizing QSR NVivo 7 qualitative analysis software. The following data sources were analyzed as applicable:

- a) contact summary forms;
- b) demographic questionnaires;
- c) interview transcripts;
- d) responses to hypothetical case study;
- e) printed documents regularly provided to clients;
- f) participants’ professional websites; and
- g) photographs of therapists’ offices

Figure 4: Data analysis approach for the three component questions.

Preliminary data analysis began with reviewing and analyzing the materials returned by participants prior to the interviews, and continued during the course of the
interviews themselves, with additive information recursively directing the course of utilization of the interview guide. Immediately following each interview, notes regarding my subjective experience and various participant specific data were recorded on a contact summary sheet. Subsequent to the interviews, an initial reading of each case was conducted and a memo to myself was written outlining significant findings on a within case basis per participant.

QSR NVivo 7 qualitative analysis software was selected to explore and code the data in depth. This software was chosen following a review of major currently available software packages and was found to combine functionality from multiple state of the art programs of previous software generations (including the widely used NUDIST qualitative analysis program). Major topics from the interview guide as well as emergent themes were coded as both independent and tree (hierarchical) “nodes” within the software framework. Case nodes included information from the demographic questionnaire.

The selection of nodes began with the formation of the semi-structured interview protocol and the demographic questionnaire. Each variable for which data was solicited was designated as node for software analysis. Demographic nodes tended to remain independent nodes, while interview nodes were typically entered in the tree format. As nodes were examined during coding and analysis, additional nodes were branched in hierarchical connection.

“Queries” of the data allowed for analyses to be conducted along individual and multiple dimensions across all cases. These queries were then the subjects of new
nodes as was applicable. Memos and annotations were entered directly into the software program, along with picture files of office photographs and scanned copies of written materials provided by therapists to clients. Such linked files were then available for examination through the lens of the NVivo package. Matrices were formed of relevant data, and models were subsequently formed (also through NVivo). The findings resulting from these analytical process are reported in Chapter Four.

Section II – Part 3: Validity Issues

The third part of this second section of this chapter on methodology addresses issues of validity with regard to this research. An overview of major understandings of validity with regard to qualitative research begins this part. Specific steps taken to enhance validity forms the conclusion of this discussion.

Overview of Validity Issues in Qualitative Research

Validity issues in qualitative research raise questions with no ready answers. Qualitative research, with its constructivist knowledge claims and ethnographic/observational methods, emerged, in part, to “move beyond the objectifying and imperialist gaze associated with the Western… tradition” (Denzin & Lincoln, 1998b, p. 289).
In questioning the very truth claims of an "objective" approach, many qualitative theorists have therefore dismissed traditional validity issues as not being representative or appropriate to the enterprise of qualitative study (Creswell, 2003). At the same time, however, other qualitative researchers maintain an emphasis upon validity of qualitative research, but rather choose to reframe the meanings of validity issues in the context of the variant approaches utilized in qualitative research endeavors.

_Efforts to Enhance Research Credibility_

Although validity and reliability issues are understood differently within qualitative research than within quantitative research, the primary issue of maintaining the credibility of the research remains critically important (Patton, 1990). Beyond the credibility of the researcher and of the paradigms and assumptions employed within the study, there are various techniques and methods that may be utilized to enhance the credibility of the research (Patton, 1990). This study utilized "triangulation" of qualitative methods through the use of multiple data sources, such as by comparing interview data with demographic information, with hypothetical case study data, with various written materials, and with photographs of the psychotherapists' offices, thereby yielding a greater validation of the information gathered in the study as a whole. A colleague, with a background in both psychotherapy and Buddhism, was utilized as a "devil's advocate" to challenge
assumptions made during data analysis and to serve as an auditor to check the steps of analysis. Additionally, participants were provided a rough draft of chapter four of this dissertation (the “findings” section) so that they could provide feedback. Through these approaches and through the “bracketing” of my own perspectives on pertinent issues to bring clarity to potentially deleterious “evaluator effects,” this study was purposefully designed to enhance the credibility of its results. This final draft of the dissertation includes changes in data analysis as suggested by the “devil’s advocate”/auditor) and the participant review of a summary of the preliminary findings. Results are presented in this final draft in the context of my own “bracketed” biases and outlooks regarding the data.

Section III: Participant Pool Selection

This third section of the methodology chapter addresses the participant pool utilized in creating the data set. This section initially examines the plan to secure research participants. Secondarily, this section explores the actual manifest path to securing research participants. This second part of the third section of this methodology chapter concludes with a discussion of implications regarding the specific participant group.
The planned sample consisted of 10 research participants. This sample was chosen as being representative of the growing practice area of Buddhist-informed psychotherapy. The sampling plan was to utilize an intentional sampling of prominent practitioners in the field. Published authors were to be given priority as possible participants in this study, while a snowballing search strategy was to be utilized if necessary to yield the desired sample size. The minimum requirements for participation included: a) possessing at least a master's degree; b) possessing a license or certification to practice psychotherapy; c) professional practice/employment as a psychotherapist for at least two years; and d) self-identification as being a Buddhist-informed psychotherapist. A verbal self-description as being a Buddhist-informed psychotherapist satisfied the "self-identification" requirement, however published articles and written disclosure statements identifying the psychotherapist as such were also acceptable indicators of satisfying this requirement. For the purposes of this study, Buddhist-informed psychotherapists did not need to explicitly identify themselves as such to prospective clients, although client notification or its lack thereof remained noteworthy. To enhance the prospect of a representative sample, participants were to be chosen from varying parts of the country, to hold varying licenses, and to come from varying academic and clinical training backgrounds. In order to maximize the heterogeneity of the sample, a conscious attempt was made to diversify the participant pool by gender as well as by ethnicity.
The confidentiality of participants has been carefully protected. As a rule, information that might reveal a participant’s identity has been either disguised in order to preserve confidentiality or excluded entirely. Participants were, however, provided an option of revealing their identities in future publications of this work should they choose to do so.

*Actual Manifest Path to Securing Research Participants*

Upon implementation of the sampling plan, it was discovered that relatively few published authors were readily available for interviews. Some authors were, however, included in the obtained sample. The snowballing recruitment process proved to yield some additional subjects. The primary difficulties in obtaining the planned sample size were not related to difficulties in finding qualified participants, but were rather related to contact difficulties and time commitment involved in participation. Timing of the data collection process (primarily during summer months) also limited the available number of contacts. Additional searches were conducted online, yielding both additional participants and leads for other participants. Personal referrals yielded the remaining practitioners to be included in the participant pool. The ultimate sample obtained included psychotherapists in both the United States and Canada, with a particular concentration of psychotherapists in the Pacific Northwest of the United States. Both male and female genders as well as multiple ethnicities were represented in the participant group.
Implications Regarding the Specific Participant Group

As might be expected, a sample size of 10 participants creates the logistical possibility of in-depth interviews and of processing other data streams. This not being a work of quantitative research, this small sample is not intended to be statistically representative of all practitioners operating from a similar perspective. Instead, this research is intended to provide a window into the lived experience of these particular 10 individuals in their work as psychotherapists whose work is informed by Buddhist psychological thought. Geographic distribution, while aimed at for as wide an array as possible, was simply limited by availability, and is not considered in this qualitative context as a problematic factor. The experience of these individuals, regardless of their location or other factors, has been the primary concern of this research.

This chapter provides a methodological grounding for this research. Moving from the general realm of psychotherapeutic perspectives in Section I to specific applications of such perspectives in enacted methodology in Section II, this chapter provides the framework through which data was collected and analyzed. Descriptions of the actual participants in this study begin the next chapter of research findings.
CHAPTER IV

FINDINGS

Overview of Findings Chapter

This chapter brings research data to bear upon the research questions: 1) What are the professional backgrounds of Buddhist-informed psychotherapists?; 2) How do Buddhist-informed psychotherapists integrate Buddhist concepts into their theoretical models?; and, 3) How do Buddhist-informed psychotherapists apply and integrate their theoretical perspectives in practice with clients? The first section of this chapter consists of a summary of the cases in the participant pool. The second section of this chapter presents a phenomenological analysis of the data obtained from research participants. The first part of this second chapter section consists of a phenomenological analysis of interview data across cases. The second part of the second section presents phenomenological descriptions of photographs of volunteering participants' psychotherapy offices. The third part of the second section presents phenomenological descriptions of professional websites. The fourth part of the second section of this chapter consists of phenomenological descriptions of literature and handouts. The findings chapter concludes with a third section exploring relationships between participant attributes and other data.
Summary of Participant Cases

The first part of this chapter section presents a cumulative summary of the participants. The second part of this chapter section presents summaries and contextual information of individual participants.

Cumulative Summary of Participants

The ages of participants ranged from 37 to 70, with a mean age of 53.8 years. Seven participants were female and three were male. All ten participants self identified as being “white.” Seven were located in the Pacific Northwest of the United States, two were located on the East coast of the United States, and one was located in Southeastern Canada. Three interviews were conducted via telephone, while seven were conducted in person.

Of the ten Buddhist-informed psychotherapists who participated in this research, three held doctoral degrees, while the other seven held master’s degrees. Three participants practiced under licensure as social workers, two as psychologists, one as a psychologist associate, one as a qualified mental health provider, and three as professional counselors. The length of time in psychotherapeutic practice ranged from four years to 35 years, with a mean of 18.4 years. The length of time involved with Buddhism ranged from four years to 45 years, with a mean of 23.7 years.
All ten Buddhist-informed psychotherapists participated in tape-recorded interviews. Seven participants provided photographs for analysis and inclusion in this research. Only three participants reported utilizing a website, and all three provided website references for analysis and inclusion in this study. Eight participants provided literature and/or handouts regularly provided to clients for analysis in this research. Table 1 provides a summary of participant information.

Table 1: Research participant data.

<table>
<thead>
<tr>
<th></th>
<th>Gender</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Advanced Degree</th>
<th>Years of Psychotherapy Practice</th>
<th>Years of Buddhism Practice</th>
<th>Influence Of Buddhism (1 to 5) 5=high</th>
<th>Phone or Office</th>
</tr>
</thead>
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<tr>
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<td>White</td>
<td>MA</td>
<td>4</td>
<td>17</td>
<td>5</td>
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<tr>
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<td>67</td>
<td>White</td>
<td>PhD</td>
<td>28</td>
<td>25</td>
<td>4</td>
<td>Phone</td>
</tr>
<tr>
<td>Onza</td>
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<td>57</td>
<td>White</td>
<td>MSW</td>
<td>8</td>
<td>31</td>
<td>4</td>
<td>Phone</td>
</tr>
<tr>
<td>Seda</td>
<td>Female</td>
<td>61</td>
<td>White</td>
<td>MA</td>
<td>27</td>
<td>25</td>
<td>5</td>
<td>Office</td>
</tr>
<tr>
<td>Chanda</td>
<td>Female</td>
<td>49</td>
<td>White</td>
<td>MS</td>
<td>8</td>
<td>4</td>
<td>4</td>
<td>Phone</td>
</tr>
<tr>
<td>Togen</td>
<td>Male</td>
<td>52</td>
<td>White</td>
<td>MA</td>
<td>24</td>
<td>24</td>
<td>4</td>
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</tr>
<tr>
<td>Drolma</td>
<td>Female</td>
<td>37</td>
<td>White</td>
<td>MA</td>
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<td>15</td>
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<td>Hoka</td>
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<td>70</td>
<td>White</td>
<td>MSW</td>
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<td>45</td>
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</tr>
<tr>
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<td>PhD</td>
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<tr>
<td>Jiho</td>
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<td>50</td>
<td>White</td>
<td>PhD</td>
<td>23</td>
<td>30</td>
<td>4</td>
<td>Office</td>
</tr>
</tbody>
</table>

Summaries of Individual Cases

The second part of this section of research findings contains summaries of each of the individual cases that were included in this study. I have substituted pseudonyms for the participants to protect their anonymity. The names chosen are names traditionally assigned to Buddhist practitioners in various lineages and
(although not necessarily obviously to Western readers) reflect the true gender of the research participants. While several of these names can be translated literally, the direct meanings of other names here have been lost over time. The meanings themselves are not supplied here, as the intent is merely to convey involvement with Buddhist practice and to obscure the given names of participants.

Case 1: Bodhi

Participant Bodhi has a Master of Arts degree in psychology and practices what she refers to as "contemplative psychotherapy." She is a white female of 44 years of age who conducts her counseling practice in a city in the Northwest. She reported that she has practiced psychotherapy for a period of four years, although she has been involved with Buddhism for 17 years. She does not have a website.

She described her training at Naropa University in Boulder, Colorado, as being focused upon contemplative psychology. This training included month-long meditation retreats, both Western and Buddhist psychology training, and a full year internship. She described her training program as meeting the standards for several types of licensure in most states.

Bodhi cited several influences upon her psychological theory orientation. Beyond Buddhism, and the Buddhist emphases upon "basic goodness, compassion, clarity, and attention," she described several mainstream theoretical orientations that were of particular use to her in her work. Psychodynamic, existential, cognitive,
Rogerian, family systems, and feminist approaches were all described as being relevant to her theory base.

When asked to indicate the degree to which Buddhism has influenced her psychotherapeutic approach on a Likert-type scale of 1 to 5 (with 1 indicating “not influenced” and 5 indicating “extremely influenced”), Bodhi responded that 5 best described her experience of the influence of Buddhism upon her work.

Bodhi described other spiritual influences as also being important to her life. These included “the Earth, Reiki (I’m a Reiki master), and channeled guidance.”

She reported that she identifies herself as practicing “contemplative psychotherapy.” She stated that she utilizes multiple rotating advertisements in a local alternative press weekly newspaper, and that some of these ads do identify her as working with Buddhism. She reported that she displays a statue of Qwan Yin (a Chinese Buddhist deity of possible Taoist origins, often portrayed in female form) in her office.

I interviewed Bodhi in her office. The space was well-lit with sunlight, in the upstairs of an older house that had been converted to offices. I experienced a sense of coziness in her therapy space. The seating was comfortable, and we drank tea together while we talked.
Druki is a 67 year old, Caucasian female who has practiced psychotherapy for 28 years. She has been involved in Buddhism for over 25 years. Druki holds a doctorate in counseling psychology from a major Midwestern research institution and she currently practices as a licensed professional counselor. She is also certified as an addiction specialist. She practices in a northern U.S. state.

Druki regularly leads workshops and conducts lectures throughout the United States. She reported a longtime involvement with social activism, feminism, and alternative healing. She is an author of several books which interweave addiction work, relationships, sexuality, and healing with themes of spirituality and psychology. “The thread running through all of my work is helping people find their own voice, accept themselves and develop a spiritual and social consciousness that increases understanding and compassion for all people.” Buddhism figures prominently in her personal spirituality and in the spiritual frameworks with which she engages clients and readers.

More than half of Druki’s practice takes place in the form of therapy “intensives.” Such intensive sessions consist of 3 to 12 hours of therapy taking place daily over several days. It is not unusual for clients attending these sessions to spend 10 to 16 hours in therapy over the course of the intensive experience. Fifty or more total hours in session over the course of the intensive series would be unusual.
When asked to indicate the degree to which Buddhism has influenced her psychotherapeutic approach on a Likert-type scale of 1 to 5 (with 1 indicating “not influenced” and 5 indicating “extremely influenced”), Druki responded that 4 best described her experience of the influence of Buddhism upon her work. I interviewed Druki by telephone.

Case 3: Onza

Onza is a 57 year old Caucasian male who has practiced psychotherapy for eight years. He has been involved with Buddhism for over 31 years. He holds a master’s degree in social work and practices as a licensed social worker. In the course of his internship training, he received supervision from a psychiatrist. He graduated with concentration in psychiatric social work. He received additional training in schema therapy, and conducted a 2-year research project in schema therapy with the help of a paid schema therapy supervisor. He practices in a major U.S. city in the northeast.

Onza has wide-ranging experience with Buddhism and with Eastern religion in general. He is a former teacher of martial arts. He has been a regular participant in an ongoing Buddhist meditation group. He has also been a participant in a Hindu religious group for 7 years. Buddhism did not play a role in his formal training as a psychotherapist, but he described Buddhism as being a central component of his therapeutic outlook. Onza currently practices mindfulness meditation on a daily basis.
and attends a local meditation group weekly. He described himself as being oriented toward the secular applications of Buddhist practices.

Onza described his psychological theoretical orientation by saying “I am a schema oriented, cognitive behavioral therapist. Schema therapy integrates elements of attachment theory, psychodynamic theory, and Gestalt techniques with CBT.” Onza described the process of his therapeutic work as seeking to “access and ventilate emotional wounds and early traumatic impressions that constitute core disturbances. The approach also seeks to interrupt maladjusted coping modes that are essentially avoidant and perpetuate the disturbance.”

When asked to indicate the degree to which Buddhism has influenced his psychotherapeutic approach on a Likert-type scale of 1 to 5 (with 1 indicating “not influenced” and 5 indicating “extremely influenced”), Onza responded that 4 best described his experience of the influence of Buddhism upon his work.

Onza works at a counseling center focused upon cognitive therapy. Upon his wall he displays a Buddhist mandala. Other spiritual influences that have been important to Onza include both Christianity and Vedanta (Hinduism). I interviewed Onza by telephone.

Case 4: Seda

Seda is a 61 year old Caucasian female who has practiced psychotherapy for 27 years. She has been involved with Buddhism for 25 years. She holds a Master of
Arts degree in counseling and practices as a licensed professional counselor. She currently practices in a small U.S. city in the northwest.

Seda described her training as taking place in the mid-1970s. The work of Satir, Ellis, and Rogers were all featured prominently during her educational experience. She received her master's degree from a major west coast university and completed a year of post-graduate study at a large university in the northwest. Seda has worked extensively with victims of sexual abuse and mothers of victims, as well as with families in general.

Seda’s involvement with Buddhism began in 1980 when she began attending Buddhist retreats and participating in an affiliated local meditation group. She traced her interest in Buddhism as being rooted in part through her reading of Alan Watts during the 1960s in San Francisco. Through personal connections, she was exposed to further Buddhist literature as well as to Buddhist retreats. Buddhism did not play a role in her formal psychotherapy training.

Seda described her psychological therapeutic orientation as being “fairly eclectic as well as pulling from what I have learned through my own experience with meditation and Buddhist teaching.”

When asked to indicate the degree to which Buddhism has influenced her psychotherapeutic approach on a Likert-type scale of 1 to 5 (with 1 indicating “not influenced” and 5 indicating “extremely influenced”), Seda responded that 5 best described her experience of the influence of Buddhism upon her work. She stated that “Buddhism has given me a way to understand human experience, an orientation to
being in this world. I do not teach or apply Buddhism overtly in all situations but it is
the basic understanding from which I work.” Specifically, she described Buddhism as
teaching her “to be compassionate, confident, respectful, nonjudgmental, and mindful,
both with myself and others.”

Seda reported that she tries to meet clients where they are, and that she does
not mention that she is a Buddhist unless it seems appropriate and if the client wants
to address spiritual issues. Some of her clients, though, are referred specifically to her
due to their interest in having a Buddhist counselor. “I typically draw on all of my
past training, both Buddhist and professional, for resources to help my clients.” Seda
reported that she conducts psychotherapy in another psychotherapist’s office,
providing a cozy and professional atmosphere. That psychotherapist, who is not a
Buddhist, has placed both a statue of Buddha and other Buddhist art in the office that
they both use. Seda stated that she did not know whether she would furnish her own
office with such Buddhist objects. Seda stated that no spiritual influences other than
Buddhism have played an important role in her life.

Case 5: Chanda

Chanda is a 49 year old Caucasian female who has practiced psychotherapy
for eight years. She holds a Master of Science degree in pastoral counseling and
practices as a licensed professional counselor. She had significant training
experiences at a youth and family agency, as well as in working with sex offenders.
She has attended several workshops on mindfulness training with a well-known Buddhist psychotherapist.

She has been involved with Buddhism for over four years, but has been involved with Vedanta (a modern manifestation of Hinduism, the wellspring from which Buddhism emerged). Chanda became involved in Buddhism through reading several books, attending weekly classes in Insight Meditation. She sought out this training as a complementary supplement to her “path of Vedantic inquiry.”

Chanda described her psychological theoretical orientation as being “primarily cognitive behavioral as a way of intervening,” and also as being “strongly influenced by a Rogerian way of being and mindfulness.”

When asked to indicate the degree to which Buddhism has influenced her psychotherapeutic approach on a Likert-type scale of 1 to 5 (with 1 indicating “not influenced” and 5 indicating “extremely influenced”), Chanda responded that 4 best described her experience of the influence of Buddhism upon her work. “Mindfulness helps me stay present and aware as I sit with clients; Vipassana [mindfulness meditation] practice helps with acceptance of life and self and others.” Chanda has no Buddhist-specific objects in her psychotherapy office. Besides Buddhism, Chanda indicated that “Vedanta (Hindu philosophy and meditation)” was an important spiritual influence in her life. I interviewed Chanda by telephone.
Togen is a 52 year old Caucasian male who has practiced psychotherapy for 24 years. He holds a Master of Arts degree in clinical psychology from a large Midwestern university and is licensed as a Psychologist Associate. He has trained additionally in Bioenergetics (2-year training program), as well as training in EMDR, Energy Psychology, and shamanism.

Togen has been a Buddhist practitioner for the same length of time that he has been practicing psychotherapy – 24 years. He began his study of Buddhism at a local “healing center” and later played an important role in bringing a Tibetan lama to teach in residence at his local northwestern U.S. community. Buddhism was not a formal element of Togen’s psychotherapy training, although he did pursue both studies concurrently. Shamanism and Native American spirituality have also played significant roles in his spiritual development.

Togen described his psychological theoretical grounding as being oriented toward "Humanistic/Body-Mind." He explained that “this includes basic psychodynamic principles with greatest emphasis on healing trauma using EMDR and Energy Psychology, understanding and working with the body/mind connection [including mindfulness practice], and seeing the personal/spiritual growth opportunities present in many life challenges.”

When asked to indicate the degree to which Buddhism has influenced his psychotherapeutic approach on a Likert-type scale of 1 to 5 (with 1 indicating “not
influenced" and 5 indicating “extremely influenced”), Togen responded that 4 best described his experience of the influence of Buddhism upon his work. He stated that he does not necessarily announce the role of Buddhism in his work with clients, but that he is circumspect; depending upon the client’s orientation, Togen may choose to mention that Buddhism informs his life and work, and perhaps “say a few words about... the value of mindfulness, of realizing suffering created by mind, not the external world, the value of present moment awareness, etc.”

Togen’s psychotherapy office, located upstairs in a historical building, contains multiple Buddhist images, including a meditation area, a statue of the Buddha, as well as other Buddhist art. There was a spaciousness to the therapy space, with multiple options of places to sit. While there was a great deal of room, the lighting was subdued at the time I was there. I experienced a sense of informality in my surroundings.

Case 7: Drolma

Drolma is a 37 year old Caucasian female who has practiced psychotherapy for 7 years. She holds a Master of Arts degree in counseling psychology from a major Midwestern research institution and practices psychotherapy as a certified Qualified Mental Health Provider. She reported being involved with Buddhism for 15 years.

Drolma described her therapeutic approach as “integrative,” and described Family Therapy, Relational, Developmental, Feminist, and Gestalt therapies as
playing important roles in her therapeutic work. She currently practices with clients diagnosed with severe and persistent mental illness.

When asked how she became involved in Buddhism, she said that she had an interest in Buddhism since her childhood, and that as she grew older she studied Buddhism more and more, along with other forms of both Eastern and Western spirituality. She stated that she currently attends a Christian church that embraces the diversity of world religions. She described her faith paths as being complimentary, rather than contradictory, to each other.

When asked to indicate the degree to which Buddhism has influenced her psychotherapeutic approach on a Likert-type scale of 1 to 5 (with 1 indicating “not influenced” and 5 indicating “extremely influenced”), Drolma responded that 4 best described her experience of the influence of Buddhism upon her work. Drolma reported displaying Buddhist artwork in her office along with other “transformationally significant” art pieces. Drolma’s therapy space was located in an agency setting, but it had a comfortable feel to it. The smell of incense, displayed but not burned, provided a softly fragrant note to the setting.

Case 8: Hoka

Hoka is a 70 year old Caucasian female who has practiced psychotherapy for 35 years. She holds a Master of Social Work degree and practices psychotherapy as an
LCSW. She noted that although she has read Buddhist writings for over 45 years, she considers herself to have begun Buddhist practice only 15 to 20 years ago.

Hoka described multiple influences within her psychotherapeutic training, including Transactional Analysis, Gestalt Therapy, Family Therapy, Communication Theory and applications of General Systems Theory as applied to families. She received her MSW from a major west coast university, and supplemented that education with work at two therapy institutes (also on the west coast).

When asked how she became involved in Buddhism, she said that she lived in San Francisco in the 50s, 60s, and 70s and that “It was in the air.” She said that Buddhism was not an element of her formal psychotherapy training, except as “Eastern thought may have influenced the development of Gestalt Therapy.” Other than Buddhism, the other important spiritual influence that Hoka described was a sense of “a deep connection to the natural world.”

Hoka identified her psychological theoretical orientation as being based in a “Humanistic-Growth model.” She said that she seeks to meet her clients’ needs from the beginning and utilizes different models depending upon her clients’ needs. “The words need to fit the client – not impose a theoretical orientation upon the client.”

When asked to indicate the degree to which Buddhism has influenced her psychotherapeutic approach on a Likert-type scale of 1 to 5 (with 1 indicating “not influenced” and 5 indicating “extremely influenced”), Hoka responded that 3 best described her experience of the influence of Buddhism upon her work. She stated that “perhaps Buddhism fits for me because of my basic attitude – accepting ‘what is’ and
practicing ongoing awareness are essential ways of being in Buddhism and personal growth. While Hoka does display a small statue of Buddha in her office, she stated that because it is so small it would probably not be noticed by most people. Hoka’s office is located in her home. A small dog greeted me when I arrived, and I felt very much the sense of being a guest not just in her office, but in her home itself.

Case 9: Zoho

Zoho is a 51 year-old Caucasian male with a PhD who has practiced psychotherapy for 20 years. He reported that he had been involved in Buddhism, on and off, for 21 years. He practices psychotherapy under a Clinical Psychologist license. He works at both the counseling center of a large university in the northwest, as well as at his small private practice.

Zoho described being trained primarily in a psychodynamic framework, but stated that he had also received some early supervision in cognitive and behavioral models. Jung and other Jungian authors were reported to have been major theoretical influences in his development as a psychotherapist. Zoho also described receiving training in the use of imagery, movement, and hypnosis. He described his doctoral and other early training as having taken place in a variety of settings, including a community mental health center, a Veteran’s Administration (VA) Center, outpatient clinics, a university counseling center, and his own private practice.
Buddhism was not a formal part of Zoho’s psychotherapy training. As an undergraduate, Zoho described having taken a class on religions of India. “I felt an initial attraction to Zen in my own readings. In graduate school, I was exposed to insight meditation as well as Tibetan Buddhism.”

When asked to describe his psychological theoretical orientation, Zoho stated that he had, over the years, moved from a psychodynamic orientation to an integrative orientation. “My overarching frame for theory is humanistic Jungian. Within this frame, I practice a variety of methods including insight, interpersonal interventions, guided imagery, behavioral and cognitive interventions, movement/enactment work inspired by the work of Arnold Mindell.” Zoho also stated that he occasionally teaches meditation.

When asked to indicate the degree to which Buddhism has influenced his psychotherapeutic approach on a Likert-type scale of 1 to 5 (with 1 indicating “not influenced” and 5 indicating “extremely influenced”), Zoho responded that 4 best described his experience of the influence of Buddhism upon his work. Of particular importance in his grounding in Buddhism, Zoho described four main emphases:

1) A belief in the fundamental goodness of human beings; 2) an interest in cultivating positive states of mind in myself and my clients; 3) an intuitive sense that the middle way is often closest to the truth; [and] 4) a belief that to some extent we can take charge of our own reactions to events.

Zoho reported that both experiential shamanism and Taoist philosophy have also been particularly important spiritual influences in his life. Zoho displays
Buddhist art in his office. Zoho’s office is located in a large counseling facility, and yet it felt as if I had stepped into another realm when I entered due to the combined effects of artwork and furniture. The lighting was low, and the seating was roomy and comfortable.

*Case 10: Jiho*

Jiho is a 50 year-old Caucasian female who holds a PhD. She works as a licensed psychologist at a large hospital in a medium-sized city in the Pacific Northwest. She reported that she has practiced psychotherapy for 23 years and that she has been involved with Buddhism for 30 years.

Jiho described having been trained in psychotherapy during the 1980s at a large state university in the south. She stated that her training program exposed her to “traditional” approaches such as cognitive-behavioral, psychodynamic, and family therapy. Her practicum and internship experiences took place in medical settings at two different hospitals.

She described her interest in Buddhism as having extended back to her teenage years. “I was a very precocious teenager and read all sorts of philosophical/religious books, which was not uncommon in the 60s and 70s. I was very interested in Ram Dass’ book, *Be Here Now*, as a young adult – this exposed me to Buddhist-like ideas…” She also reported that the sudden death of her sister when Jiho was 22 led her to “a lot of questioning about death, life, and impermanence.”
Jiho described her psychological theoretical orientation as an eclectic “blend of cognitive-behavioral and developmental, and existential humanistic approaches as well as contemplative approaches. I am also highly ‘biologically-based’ and believe in the appropriate use of medication for individuals with brain disorders.”

When asked to indicate the degree to which Buddhism has influenced her psychotherapeutic approach on a Likert-type scale of 1 to 5 (with 1 indicating “not influenced” and 5 indicating “extremely influenced”), Jiho responded that 4 best described her experience of the influence of Buddhism upon her work. She said that the influence of Buddhism upon her work “is hard to put into words. My whole sense of “the nature of reality” is informed by Buddhism, particularly the sense of mindfulness and being in the present moment. I am very influenced by the teachings of Pema Chodron.” She described her work at a meditation center as having been particularly important in helping her to “be present with my clients without taking on their energy in a way that might be confusing or harmful to the therapy process.” She reported personally drawing upon approaches such as Dialectical Behavior Therapy which have “grown out of Buddhist thought.” She stated that she sees “ancient Buddhist teachings as ‘the first cognitive-behavioral therapy.’ ”

Jiho described having been raised in a “very Christian” part of the country, but having not attended church as a youth. She was a member, though, of the Baha’i faith for “a couple of years” in her late teens. Science of mind and religious science thought traditions have been reportedly important to Jiho during her adulthood, and she stated that she currently attends a Unitarian Universalist church.
Jiho stated that she does not display any Buddhist related art or objects in her office. “My current office is in a Catholic hospital and I have generally found in inappropriate to place religious symbols of any kind in a therapy office.” Jiho’s office was pleasant, and also felt very much to be an office in a hospital. There was little to differentiate the space from what I imagined might be the feel of any generic office within the building. There was a very professional feel to the space.

Phenomenological Analysis of Interview Data

The phenomenon of conducting Buddhist informed psychotherapy varies, in some ways, as widely as the various psychotherapists who practice it. There are, however, many similarities and analogous applications that emerged as themes from the ten interviews that I conducted. This phenomenological analysis section provides excerpted sections of interview transcripts as “living” testimonial to the voices of the participants. These sections have been extracted analytically, coded as described in the previous chapter, to provide an organizational structure and coherence of meaning relative to the themes outlined in the interview guide. As per qualitative analytical traditions, these sections have been chosen for their particularity in voicing general themes as well as in voicing contrasts. The broad layout of issues addressed in the subsequent portions of this section generally reflect the organization of the interview guide (as described in chapter 3).
A broad overview of Buddhist informed psychotherapy was offered by Onza, stating a perspective that was similar to many other responses that I received for such a general query:

Onza: Well, my conceptualization is very important to my work and the conceptualization resonates a great deal with Buddhist principles of acceptance and toleration... the toleration of discomfort and the non-reactivity that forms as maladjusted coping behaviors and rigid personality style, is certainly something that Buddhism seems to provide therapeutic help with. It is simply just helpful... It is basically non-reactivity and monitoring, critically important therapeutic tools. I believe that psychological distancing exists in all therapy. That is my impression. In other words, what that teaches people is to catch the automatic thought, is the ability to self-monitor, to apprehend the mental event, and I believe this exists in pretty much all other functional therapy, and of course other therapies are indeed functional and they work.

Here, Buddhist informed therapy is an overall framework which offers specific tools, but which mirrors effective therapy in general. Onza explained the concept of psychological distancing as providing an opportunity to view the thought process itself in motion. This is consistent with cognitive therapy, while perhaps varying more upon matters of emphasis. The specific tool of meditation, which Onza described himself as using personally, offered an entryway into apprehending such
passing thought patterns, and yet this methodology of mindfully approaching thought patterns was not limited in his work to those who meditated. On the contrary, meditators and nonmeditators alike were described by Onza to utilize similar vocabulary and framing in understanding thought patterns.

While most therapists interviewed provided affirmation of utilizing Buddhist psychological principles in their case conceptualization, this was not the case universally. A negative case was provided in this regard by Zoho.

**Zoho:** You know one struggle I’m having with these questions is that I don’t go into therapy, I don’t think I actively conceptualize from the Buddhist point of view. But I think my own experience with Buddhism and my reading informs the way I am thinking about clients. But it’s not like I have a Buddhist lens that is self conscious that I’m applying and conceptualizing.

This contradiction in applications of Buddhism here provides a microcosm into the broad discrepancies involved in such psychotherapy. There is a primary continuum here between intentional Buddhist conceptualization of clients and incidental Buddhist conceptualization of clients. Within this continuum, it was often difficult for participants to give voice to the way they frame their work. In the words of Jiho:

**Jiho:** That’s really hard for me to talk about. I—my whole way of thinking about things is informed by Buddhist thought, and my whole view of the world is informed by Buddhist thought, and so I don’t, it’s not so much that I bring it into case conceptualization, because I’m actually pretty—I work with
people in a pretty traditional way with cognitive behavioral kinds of things, and psycho-dynamic, that brought me just in a really eclectic way of working with clients, whatever works for them, but it’s more that my reading of Buddhist writing, and my attendance at retreats, and my meditation practice, give me just a different perspective on human problems.

The different perspectives offered via psychotherapy informed by Buddhist psychological theory sometimes involved a loosening of preconceptions based upon Buddhist philosophical foundations. Many participants reported thinking in conceptual resonance with the idea that client problems are metaphorically “not etched in stone” but that they are rather potentially temporary states. This point of view stands in stark contrast to psychotherapeutic thinking that the nature of client difficulties lies in intrinsic connection to the particular neuroses of a give client, and that once that “type” is understood through the superior analytic powers of the therapist, that the client may be classified into semi-permanent therapeutic clusters.

_Bodhi: _I think that my training both as a Buddhist and as a therapist, is really about working with my own mind as well as with other people’s minds. And I think that that’s really helpful, because I don’t believe everything I think, either. I’m perfectly capable of making lots of assumptions and diagnoses and theories about what’s going on with somebody, but I don’t tend to buy into it, and I think that that’s really helpful to my clients, because I don’t put them in boxes. I know that they could present one way one day, and some other way some other day, and then it’s still the same mindstream.
In this context, with an emphasis on the flexibility of client thought patterns, relationship issues come more to the fore. The therapeutic relationship was a major theme expressed commonly by all participants. As Druki stated: “What I bring in a sense of being real and transparent, I’m not posing as separate or above anyone.” As an authentic and immediate presence, the psychotherapist expresses an awareness of similarity and interconnection, an awareness that we all share in the same “Buddha Nature,” that we all suffer, and that we are all engaged in seeking a release from that suffering. Druki continued, “It’s bringing that ability to create a deeper faith-space for someone. That I have explored my deep emotions. I am comfortable with terror, with joy, with sorrow, with pain, with being all stuck-up.”

With the elevated emphasis on immediacy and relationship, and the shared experience common to all that is perhaps the additive element of relationship as understood through Buddhist lenses, the personal experience of the therapist with the direct application of Buddhist principles in their own lives becomes of particular importance.

*Jiho:* I have had a lot of death in my family. I lost my sister and my father within a year’s time when I was about twenty-one years old. I was aware of Buddhist thinking before then, but I think the reading that I started to do to deal with that, really pulled me into Buddhist thought. So I have a very strong awareness of impermanence in my own life, and that just really informs my
thinking about clients, because I can see how they are caught up in problems that, to them, seem enormous, and all-important, whereas from my perspective, I see that it, in some ways, it's sort of a blip on the screen of life, what they're dealing with, but of course, I can't, I have to deal with that in a sensitive way, with them, and not minimize their problems. But it really gives me a different perspective on problems and the lifespan, and how short a time we are here, and how some people are not able to grasp that, and so they make things into problems that really are, in the grand scheme of things, quite insignificant.

The relationship in this context exists as an individual to another individual on one level, one who shares a life history including suffering. This is certainly not unique to Buddhist psychotherapists. At another level, however, the Buddhist informed psychotherapist has a personal history that also includes the application of Buddhist principles to her or his own experience of suffering, yielding a perspective unique to those influenced by Buddhist thought. In this relationship, therefore, as Jiho and several other participants stated, it is not of immediate importance that the client be directly informed that the seemingly immense problems of the day are of less importance that might be immediately discerned. Of greater importance is the relationship with the therapist as a practitioner who is experientially attuned to that awareness.
This awareness is a matter of perspective, it is a matter of applications of principles regarding the awareness of the arising of thoughts and emotional states, the existence of these thoughts and emotional states, and the falling away of these same thoughts and emotional states. Instead of fleeing from emotional experience, the participants in this research described “staying with” these emotions.

Bodhi: It’s amazing to me, it’s not surprising, but it is amazing to me, how rarely we think to just be with our emotions, and feel them. It never occurs to us, you know? And I see when I work with a client, and the feeling comes up, just helping them stay present with it. I think that’s when meditation is really a good thing for therapists.

Assumptions of Buddhist Informed Psychotherapy

The participants in this study universally reported certain assumptions in the ways that they conceptualized clients. Central to these assumptions is a nonpathological view of client suffering.

Nonpathological View of Clients

Bodhi: Everything that manifests or presents, what you might call neurosis or negative thought patterns or negative habitual patterns of interaction, that’s just another side of the coin of our innate wisdom and Buddha nature. Each
person is Buddha-manifesting, and if we’re raging, then we’re just raging Buddha; if we’re depressed, then we’re depressed Buddha, and that there’s nothing inherently bad or wrong in these states.

Buddha, again referring to a sense of being “awake,” is not psychologically, the subject of a relationship with transcendence. It refers to a shifting of awareness to immediacy, and imbuing that immediate reality with a sense of the sacred.

*Togen:* About the first thing is that is that I don’t pathologize people. In other words, Buddha didn’t go out there and say you guys are all victims of clinical disorders. That is a way of saying someone is sick, pathologizing them, you know “that is your clinical diagnosis and you are sick.” So I look out there and see that people are suffering, and they are on a karmic journey, and it is my job to help them overcome their suffering to the degree that I can.

**Holistic Approach to Internal Experience**

*Zoho* described, as did most participants, taking the next step of applying that sense of valuing of “what is” with regard to emotional and thought states by way of holistically describing the various conflicting internal states as being parts of an overall whole.

*Zoho:* You can think one way, and maybe it’s not the most important way, a sort of the assumption of basic human goodness and that what’s inside of us as human beings will make us whole. Rather than it being bad or more of a
Judeo-Christian idea that we need to control what’s inside of us or get rid of it. In that way, Buddhism seems consistent with Indian psychology as well, that we need to look at or investigate what’s inside of us and bring it forward and understand it. Not necessarily act on it in an impulsive way, but that informs our whole being.

*Positive Outlook on Possibility for Change*

If all emotional states have the potential to offer us important information, if even our pain and our suffering can become grist for the mill of personal growth, then this feeds into yet another central assumption of Buddhist informed psychology, the idea that there is unlimited potential for change and growth should the client invest him or herself in the process.

*Bodhi:* Everything’s workable. So even if I don’t see immediately how to work with something, I know that essentially, it’s workable. Dare to pass through it. I just may not know what it is, but never give up on anything.

*Cognitive Dimensions of Buddhist Informed Psychotherapy*

This is not to say that psychotherapists whose work is informed by Buddhism offer simply platitudes of positivity. Most participants offered a cognitively grounded
explanation of the mechanics of enacting potential change. Onza described this in a particularly direct manner.

_Onza:_ The basic underlying healing principle is exposure. And it is sense a habituation of the presence of the emotional wound and what it creates. And we can get therapeutic exposure in two ways. The first one is through directly talking about the essential emotional wound. For example if the person has experienced abandonment, they would expose themselves directly to that experience and allow themselves to familiarize themselves with the feeling without that experience that they had. And that helps them to literally begin to live with it and not let it generate maladjusted coping reactions that are generally all avoidant by nature. So in other words, the pathology comes with not only the emotional wound but the effort to avoid experiencing that emotional wound. So, exposure therapy, so to speak, will help the person begin to tolerate the presence of the wound and help the person learn to be non-reactive, to let it come and let it go. That is the first type of exposure therapy that is a very critically important type of exposure... The other way of getting exposure is through the interruption of the maladjusted coping behaviors, that is the interruption, essentially, of the avoidant coping mode. By interrupting them, you are getting therapeutic exposure. By interrupting them, you might understand it by just thinking about anesthetizing, using drugs to medicate a discomforting feeling. If we can interrupt, if the person can deliberately, or willingly interrupt the use of drugs the person then experiences
the presence of the emotional wound and that its discomfort begins to
habituate that emotional wound, that schema, those feelings. And what we are
looking to do is to live with our emotional wounds. The emotional wounds are
reality. They are part of our memory. There is nothing wrong because we have
them. The pathology comes with the avoidant coping behaviors. The
emotional wound is real. But the aversion produces the actual pathology, your
personality disorders, and your rigid personality styles, and a lot of the other
problems that come from trying to get away from reality.

*Essence of Buddhist Informed Psychotherapy Is Indescribable in Words*

Lest, however, the descriptions of cognitive processes involved in Buddhist
informed psychotherapy begin to appear too seductively pat, participant Hoka offered
an alternative description of the processes involved.

*Hoka:* If you want someone who feels hurt to feel supported, someone’s who
is in great tragedy... It could be someone’s in raw pain, or who shot himself in
the head. It doesn’t really matter. You’re not going to be worrying about
interventions. What you need very much to be is “Present.” And that’s a hard
thing to codify what that is, but you really need to be “with” the person, and
the words are not particularly important, because there aren’t any words
adequate to this situation. There are no words for this. So you energetically
need to be with the person, but what is that, who knows what that is?
Impermanence in Buddhist Psychotherapeutic Applications

Regardless of whether the exact process was spelled out by the participants of this study, or whether the relational interaction was of a more ineffable nature, the positive assumptions of Buddhist informed psychotherapy were typically described by participants with regard to the concept of impermanence.

*Druki:* Well first, permanence is through. Therapy is about living your life and that is what Buddhism talks about. And part of living in reality is the ability to let go and that comes a lot from not identifying with the self, the ego. The ego’s job is to make everything fit. But when you have that emotional flow and fluidity, then you are not identifying so much with... what’s arising in the moment. So, it’s blooming on and on because your feelings are fluid, impermanent, alive... “I like this,” “I don’t like this,” “I want to be with that person” or “I want to be with this person,” or “I’m tired now.” All this is just a flow and that is what the impermanence is...

This sense of impermanence was described by several participants as applying both toward fleeting cognitive/emotional states, such as a panic attack, as well as toward states which are often conceptualized as being more enduring over time.

*Onza:* Well, a panic attack is a, you have that panic episode, where in depression you also have a depressive episode within the longer tendency towards depression. They both have both the episodic factor... in depression what tends to occur is a judgment of the mental event. Of course depression is
very painful. However, indeed the same factor, the ability to sit with this discomforting feeling, to tolerate its presence and even the activation of the tendency to activate thoughts, to continue to stay with it and allow that episode to pass is a tremendous skill. And clients, patients, learn how to do this bit by bit. First they begin to observe um, moments of depression and learn to in a sense be non-reactive, if you will, I fondly call it doing nothing. And they watch the event come, and they watch the event go. And indeed it helps one to develop one's faith that indeed this is a mental event. This is not what you would create a philosophy from, which is the problem. People begin to generate a whole world view from a bad feeling. And this is what we want to interrupt; this is what we want to educate people to do.

_Self and Non-Self in Buddhist Psychotherapeutic Applications_

This impermanence was described by almost all participants as applying not only to mental states, but also to our identification with these mental states as being a "self." Indeed, the identification of these impermanent states as being "self" was often central to such conceptualizations of clients. This conceptualization, however, was not necessarily shared by the participant psychotherapists with their clients.

Seda: Well, I think that I have a good understanding of non-self and self, and not just intellectual understanding. I think I "get it." I think that 99.9% of my clients, though, would not get that part. I mean, except if they came in
specifically as Buddhists, wanting that kind of therapy. So I don’t bring that up in my sessions at all, unless I feel it’s appropriate for this client. I think one of my beliefs about being a therapist is that it’s important for a person to get a sense of self before they are able to let go of that, and so many of our clients are so fragmented that they don’t have any sense of self, that it would be dangerous to talk to them about no-self, and so I don’t introduce that, and I don’t really use that as part of my work most of the time because it may be an underlying thing that I know in the back of my mind is a goal, for all of us at some point, to understand that... it allows me to encourage people in terms of talking about letting go of certain attitudes, or letting go of certain memories, or whatever, but I don’t, there isn’t something that’s right there in the room...

In this area, however, there was significant difference of opinion. Some participants chose not to directly address the issues of self and non-self due to concerns similar to those described by Seda above. Others, though, made a discussion of self and cognitions a central part of their work with clients.

Bodhi: it’s a little bit about questioning, have you seen that bumper sticker? It is a bumper sticker, I just want a hang-up on the wall. It says, “Don’t believe everything you think” That just sums it up to me, and so, question all these assumptions that we make about how things are, and how we are, and how screwed up everything is...
Across all participant interviews, it became clear that the theoretical concepts addressed within the interview guide were not so much separate and discrete in their application, but that these were actually inextricably intertwined. Self and non-self, impermanence, and suffering could all be understood as facets of the same idea-jewel.

*Chanda:* Maybe I think about self and non-self a little differently due to my Hindu background, but I’ll try to approach this anyway... non-self could be understood to be that which is temporary and changing, while the Self could be understood as the grounded, permanent self, not just passing thoughts and emotions. Suffering, then, would be attachment or clinging to the transient non-self, would be over-identifying with the daily dramas and fears associated with this transient self.

Although the application of these ideas could be seen along a continuum of how directly these concepts would be discussed with clients, the basic underlying conceptual work was broadly described by participants in a similar fashion.

*JIHO:* I see people, sometimes clients, having problems because they are so attached to an idea of themselves being a solid self, and of being a certain way that they see as *the way they are*, or who is the real, the real them, and that they can’t change because of who they are. I try to help them see themselves in a more fluid, less solid, unchanging kind of way. That’s about all I can say.
Other Conceptualization Modalities Utilized in Conjunction with Buddhism

There was difference among participants with regard to other theoretical approaches that were utilized in their practice of psychotherapy. Some described the use of mainstream psychological theory as being primary to their work. Others described emergent theories or even the use of traditional healing practices in their work as Buddhist informed psychotherapists. Arguably, each of these modalities could be understood through a Buddhist lens, and were indeed described by participants as mutually interdependent within their therapeutic practices. The other theoretical approaches described by participants included (in alphabetical order with number of participants per theory in parentheses):

- Dialectical Behavior Therapy (3)
- Emotionally Focused Therapy (1)
- Energy Psychology (1)
- Eye Movement Desensitization and Reprocessing (2)
- Family Systems (3)
- Gestalt (3)
- Kinesiologic Analysis (1)
- Internal Family Systems (2)
- Medical Examination and Medication (3)
- Narrative Therapy (3)
- Psychodynamic Theory (3)
Interventions Informed by Buddhism

Despite the range of therapeutic modalities utilized by participant psychotherapists, all participants described engaging in interventional behavior in a manner directly informed by their Buddhist perspectives. Some participants preferred not to use the term “intervention” as it ran counter to their understanding of the therapeutic process, seeming more artificial and removed from the immediacy of the therapeutic relationship.

_Drolma:_ Certainly, the interventions that I utilize draw from my experiences and education with Buddhism. It’s unavoidable. They also draw from my experiences and education as a therapist, from my experiences and education listening to songs on the radio, from my experiences and education from walking down the street... Maybe that’s something of an overstatement, because I think Buddhism plays a very direct role in my work with clients, but, do you know what I mean? And within Buddhism itself, there’s this sense of the whole and the influence of each part of the whole on every other part...

Sometimes I do try to include Buddhism very intentionally in my therapy.
work, especially in the rare case that that's what a client is looking for, but mostly Buddhism is a part of the overall flow of my work with the overall flow of my being.

Client Generated Therapy Goals

Therapy goals were typically client generated in the work of the participant therapists. This stands in stark contrast to many strands of psychotherapeutic thought which postulate a special knowledge on the part of the therapist, and which is assumedly inaccessible to clients.

Hoka: I’m not going to try to impose something on people, but that’s really not my job. My job is to do what the client needs me to do. Which depends on the person, you see? What my job is, is to address where that person is, and what they’re coming here for, and what they want to do with it. That’s my job, is to begin where they are. Not to impose something on them.

Descriptions of Interconnectedness of Interventions

The interventions utilized by Buddhist informed psychotherapist participants were widely viewed as deeply integrated into the process of the relational encounter. While participants were typically able to point to specific interventions enacted during the course of sessions with clients, these interventions were often described as being
interconnected with other aspects of therapy, of relationship, and with other interventions.

Togen: Right, one type of intervention flows into another. I mean in a sense they are not all that different. Sometimes just paying attention allowing something in mindfulness will shift, change, because you are not blocking...

it’s pretty seamless.

Length of Therapy

Most participants described working in therapeutic venues that encouraged relatively brief terms of therapy, typically running from 8 to 12 sessions total, with the possibility of further sessions to be arranged subsequently. This was not the case universally, however. Two participants described conducting a range of therapeutic terms, from single session work to therapy conducted over many years.

Another participant, Druki, described conducting psychotherapy intensives, especially with clients who traveled long distances for this work. These intensives were described as lasting from 12 to 36 hours total, divided over periods ranging from three days to three weeks. “I don’t usually work over five hours in any given day with one person. Usually we work two, two and a half hours per day. There is a lot of building a balance of inner resources; it’s not just to go into a process coma.”
Specific interventions described by participants as being informed by their Buddhist perspectives might also be argued to function more generally within psychotherapy as a whole, however the matter of emphasis and framing utilized by participants lent a Buddhist flavor to even such processes. Onza provided an example of this with his description of what he described as mindfulness and psychological distancing:

Onza: I guess the most significant factor that I have found is the concept of psychological distance. Beck talks about the fact that thoughts can be seen as mental events. That distancing provides, once the person sees the mental event in the form of a thought or a difficult triggered schema or feeling, once that is perceived and the person is not considering it to be a reality, or consistent with the principle of reality, there is a cognitive adjustment that occurs and there’s actually some healing of therapeutic value in that. There is a degree of cognitive restructuring that occurs and that really is a very critical and important factor in my practice. They perceive the mental event. It is very similar to Aaron Beck’s ability to teach people to catch automatic thoughts, the ability to catch what they are thinking. And psychological distancing, mindfulness, can help the person to develop that critically important skill.
They are seeing themselves as distinct from their thoughts. They are in fact, what they are doing, is they are attending mental events in a dispassionate manner. Dispassionate does not mean a loss of passion it just means a sort of even mindedness about it.

Exchange

Another intervention drawn specifically from Buddhist psychological thought was Bodhi’s use of what she described as being “exchange.” While this concept is quite similar to the psychodynamic ideas of transference and countertransference, she specifically differentiated her experience of “exchange” with clients from those other perspectives.

Bodhi: Some people tend to think in terms of transference and countertransference, which it’s not really. It’s more direct than that. But the, it’s really that we pick up directly on each others’ energy. It’s not just about how we’re responding to each other, we’re actually experiencing each other. You know? We’re not just rapping and responding and thinking about each other, and having feelings about each other, but we’re actually experiencing each other, and that’s called “exchange.” And, so part of that, in my understanding as a therapist, is in a feeling of self-doubt. A feeling that is like helplessness… some of the ones that really get me, where I’ll be thinking, “God, can I really help this person?” or “Can I do this?” or “I shouldn’t be here, they should be
seeing somebody, you know, better than me,” and all of a sudden, I will realize that’s not my thought... and it’s not an induction, and it’s not a kind of transference, it’s what they’re feeling. It’s their self-doubt, their own hopelessness. And, if I catch it in a session, I can answer to it in myself. And that brings a possibility of them exchanging with my response to it. And it works conversely, if I am calling them in positive regard, if I’ve seen them, their Buddha nature, I’m trusting that their wisdom is present already, that we just have to find it, that it’s just expressing itself, chronically or never, that kind of trust of who they basically are is contagious.

*Interpretation*

Interpretation, so basic to the psychotherapeutic process as to be taught in every beginning counseling course, was described in a new light by some participants.

*Hoka:* So, that, whatever that is. And that’s probably often more important to the client than what the intervention is. And of course, what Freud believed, and I’m not a Freudian, particularly, but that, what’s called an interpretation? Right? That’s one of those interventions. The interpretation should, for the client, be an emotional experience. And an insight. The interpretation is intended to produce insight, the “Aha!” What interpretation is is interpreting behavior in terms of what the unconscious material is. I think that’s about it, I think that makes sense. So, someone, let’s say, starts having a lot of difficulty
with their abuse memories, when they’ve done already a lot of work, and
everything felt all right! And suddenly, this is up again, they’re having
nightmares, they’re having, they can’t stop thinking about it, so then you
might say, “How come now?” Always looking for “now.” How come now?
Not last year. Six months ago, what’s going on? So, well, then you start to
explore that… well, this person’s now raising a child, that child’s now the age
this person was when this stuff started! So, that’s an interpretation. To bring
that back to the person. So there are things like that and this is probably
informed by Buddhism, because you can’t change anything if you’re not aware
of it.

*Compassionate Presence*

The simple presence of a compassionate individual in relationship with a
client was described by some participants as being healing in and of itself. Again,
while this was not necessarily unique to Buddhism or Buddhist informed psychology,
the matter of emphasis was unique to this practice. Here, Zoho described the
development of an introject of the therapist within the client. While the development
of the therapist introject was not unique to this description, the development of a
particular flavor of compassionate introject was inherent in this process given the
identity of the psychotherapist.
Zoho: I think it’s just, and this is not necessarily Buddhism, I think this is the essence of psychotherapy, that by talking about painful experiences, to some extent re-experiencing them with someone who is attentive, compassionate, and caring, transforms that experience. It also allows them to let go of any shame, or it helps facilitate letting go of any shame around that experience. I think it’s also that you are modeling a way that they can be with themselves. Having been a client myself in therapy, I know that from the way my therapist relates to me then in a way you develop an inner therapist. Or you know you develop patience for yourself, you develop compassion for yourself through that relationship.

Methods as Adjuncts to Psychotherapy

Interventions utilized by participants were sometimes described as not being psychological interventions per se, but rather as methods or practices as adjuncts to psychotherapy. This includes activities such as meditation, body awareness, progressive relaxation, and breath work.

Zoho: I think another way that Buddhism informs my psychotherapy is an appreciation for the fact that we in some sense have a control over our state of mind. You know we can spend a lot of time looking in the past and I work in a setting where we don’t have a lot of time to necessarily delve into the past. But that we can, in the present moment, we can change the way we are
experiencing reality through some very simple methods like meditation or certain relaxation methods or sort of mind-body practices. I came out of the psycho-dynamic point of view which would sort of poo-poo anything that would seem that superficial and yet I’ve come to feel for many people that is an important tool that can be adjunct to therapy or could be an essential part of therapy. Teaching meditation, relaxation, mood change through imagery, use of imagery for creating positive states of mind. I would say they are more central when I’m working with clients that are presenting with anxiety symptoms. But they are central with panic disorder, generalized anxiety, and stress. These are methods that I would teach people early on.

Some participants reported not teaching or utilizing meditation in any way. Others described meditation as existing on a continuum with basic mindful self-awareness, simply paying attention to one’s thoughts, an activity which all participants described as advocating in one form or another. One participant reported that she did not prescribe meditation for her clients, but that she did provide written descriptions of meditation or loan a videotape about meditation to clients.

Mindfulness Encounter

Regardless of the use of meditation as a tool to achieve mindfulness, the basic experience of mindfulness was central to the descriptions of Buddhist informed psychotherapy as provided by participants of this research. Bodhi summed this up by
saying “I help people pay attention to what they’re doing.” This simple description of mindfulness, paying attention to external (physical) actions and internal (thought and emotional) actions, was typical of the work described by participants in that it describes directly engaging core Buddhist concepts while not necessarily utilizing the language of Buddhist tradition. Similarly, mindfulness may be implicit in therapeutic work without it being directly discussed.

_Seda:_ I teach the mindfulness because, maybe not every client I’ll teach the mindfulness, but it’s a very useful tool, in terms of paying attention to where your mind is going, and some people get really scattered, and they need to be more focused, and so I’ll teach them about mindfulness in that sense. And a lot of my clients, their lives are busy, and they have too much to do. I’m always worried about the next day, and so I’m one of those who likes to be able to provide a technique that I can try to teach them to calm down a little bit. Just focus on one thing at a time, so that they have more energy to do that one thing, and then they’ll have more energy to do the next thing, and that kind of thing.

*Compassionate Self-Awareness*

The basic idea of compassionate self-awareness was addressed by participants as both an end goal for therapy as well as a technique to achieve end goals. From the experience of compassionate presence, to meditation and mindfulness, ultimately a
common goal of therapy was to engender an internal experiential shift toward compassionate self-awareness. This may be seen as differing from an introject of the compassionate therapist to instead cultivating a change in primary and direct experience.

*Bodhi:* I also encourage my clients to have compassion for themselves...

Because it’s very easy, when we start noticing what we’re doing, to see how we’re being hard on ourselves. There’s a guy that I work with sometimes, he said “How do you get people to be compassionate to themselves?” I said, “Well, I tell them to be compassionate to themselves!” I say, “Could you have a little compassion for yourself?” And eventually, they start thinking that way. And it’s really very simple. It’s about paying attention without getting indulgent, without even getting attached to that story. Or whatever we start understanding. And as you pay enough attention, you notice how everything changes.

Chanda described this approach as differing from the use of meditation as a tool, as this sort of compassionate, mindful, awareness was not limited to times of practice. “It’s not just incorporating meditation and mindfulness into your schedule, it’s experiencing it outside of meditation, it’s your feeling and awareness throughout the day.”
Presence with Reality

The conflict between client conceptions of a preferred reality with the client’s experience of actual reality was described as central to the interventions of almost all participants. Putting it simply, Druki stated that “If you fight with reality you always lose, it’s something that is.” Onza elaborated upon the implications of this fight:

Onza: The critical difference, the therapeutic difference is the acceptance of the experience. It is the intolerance, it’s being intolerant of suffering that complicates suffering so much. That is where people begin to put maladjusted coping mechanisms into play. And, in a sense, these maladjusted coping mechanisms do not help. They actually aggravate the underlying pathology. And they sustain a lot of the problem. I work with clients to help them learn to tolerate, to accept their experience without reacting, without putting a maladjusted coping mechanism into place.

Feeding the Demons

Bodhi described a specific intervention that she conceptualizes as being derived directly from Buddhism. This technique provides a means for holistically addressing areas of psychological blockage and disowned aspects of experience.
Bodhi: It’s called, “Feeding the Demons.” I use this with my clients sometimes. There’s a whole process of visualizing one’s obstacles, of envisioning whatever is bugging you. Whatever is getting in the way, giving it form. There’s a whole process of giving it form and shape and color and size and energy and all this. Then you exchange places with it, and you confront that obstacle, and then you question whatever it is. “What is it that you want?” Then taking the place of the obstacle, you answer that question. “I want power,” “I want peace,” “I want to be happy,” whatever. Sometimes it’s like, “I want to devour your entire life!” You know? In which case, the answer is, “Well, you can’t get that, but... how would you feel if you devoured my life?” “Oh, well, then I’d have more peace. Or I’d be more powerful, or like I accomplished something” or whatever it is. Then you go and you take your seat, and you see whatever it is that that, you know, that wants safety, and you feed them safety. And the key is until complete satisfaction, and finding that, I think the main piece that’s different for Westerners is that you’re not feeding them yourself, you’re talking into universals, infinite safety. And you’re just willing that this being, it’s really a compassion practice, too, that this being can be satiated, that you’re willing to do it.
Ethical Dimensions in the Application of Buddhist Informed Psychotherapy

Various ethical considerations were discussed with participants with regard to practice applications of Buddhist psychological thought. Again, common themes were described regarding the phenomenological experience of practicing psychotherapy in this modality. These include explicitness in the use of Buddhist perspectives, proselytizing, boundaries, and diagnostics.

Explicitness in the Use of Buddhist Perspectives

While one of the therapists described advertising her services using the word “Buddhist,” most of the participants did not do so. There was a wide range of explicitness/implicitness regarding the ideas and techniques of Buddhist informed psychology. Some participants described constraints of setting of practice as being the primary reason for not voicing their theoretical perspectives more directly. Others linked their choices in this regard to other ethical considerations.

Bodhi: I don’t say, “Buddhist” or “Buddhism” a lot with a lot of people. My ad says, “Come for psychotherapy,” so people kind of get that, and at least one of my ads says something like “a Buddhist-based approach…” Sometimes, I check the paper (laughter) because I have a big ad that rotates, so I don’t know what they saw!
Some participants expressed concern regarding even mentioning Buddhism to clients. Onza stated “I don’t use the term Buddha, or things like that. It’s very psychological.” Seda expressed a similar perspective:

*Seda:* I don’t want to scare my clients. I don’t want to worry them that I am going to try to put something on them about religion. And so, I don’t, and Buddhism isn’t mainstream religion yet. I know it’s getting more popular, but a lot of people don’t know what it is, or don’t understand it, or are afraid of it, and... My brother and sister are both Christians, and we don’t talk about religion, because there’s obvious differences, in attitudes and it would really hurt our relationship to talk about it very much. And so we don’t! ‘Cause we want to have a relationship. And I feel that way about my clients.

Chanda described not naming her work as Buddhism, saying that “Most people aren’t ready to move beyond a basic introduction to such techniques. I don’t label it as “Buddhist” because these techniques are universal; Buddhists just said it the best.” In this case, there is a vision of Buddhism and Buddhist psychology as consisting most fundamentally of underlying universal principles, which might seem limited by naming them with the particular designation as “Buddhist.”
When asked what particular ethical issues might arise from applying Buddhism to psychotherapy, the most common responses had to do with concerns of proselytizing and of breaching boundaries by pushing a particular philosophical agenda. Jiho’s response was typical of such concerns:

Jiho: I don’t see any particular ethical concerns, not unless I were to try and tell a person that Buddhism is “The Way” that they really need to think in order to be okay, almost like a proselytizing way, but I would never do that, and I’m always careful to respect whatever religious traditions someone’s coming from. I see Buddhism as more of a philosophy than a religion, so it’s compatible with all religions in many ways; some of the techniques and ideas from Buddhism are compatible with all religions, is the way I look at it, and so the only ethical dilemma I would have is if, if I were applying it in a more, like I said, a proselytizing way. I’m careful particularly with younger people. If I felt like some of the ideas would be helpful to them, I would talk with their parents about where I’m coming from before I present the ideas, and I would not use the word “Buddhism,” particularly if the parents were uncomfortable with that. Because some parents, just even for some people, even the idea of meditation or mindfulness might sound of “out there” to them, so I just want to always check on comfort level about bringing up those kinds of things.
Proselytizing, however, was not the only ethical concern regarding Buddhist psychology applications. Onza described concerns related to complicating therapy with other issues associated with Buddhism. While the concern he described was tangential to the proselytizing issue, it also included other elements of popular, historical, and cultural interpretations of Buddhism.

Onza: I think it can be confusing and I'm careful about that. The idea, for example, the concept of enlightenment... it can be associated with something that is called de-centering, not taking things personally. And indeed this resonates a great deal with Buddhism. As a matter of fact if you de-center a whole hell of a lot you would probably end up enlightened. But it's something that can be confusing, and I don't think it's necessary. Buddhism has an attractive element but there's a development of what they call a devotional aspect to Buddhist practice and I do not, I certainly do not feel that that is appropriate in my setting. Idealizing the Buddha, I do not think that's therapeutic. It can be highly therapeutic in other settings. I don't see that it fits in mine.

Such concerns were not universal in the responses of participants regarding this area of inquiry. Chanda provided a negative case with this regard: “I don’t see any particular ethical dilemmas.”
Practicing Buddhist informed psychotherapy offered other dimensions of ethical concern as well. Boundaries and the possibility of dual relationships were also mentioned repeatedly. Many Buddhist informed psychotherapists are also actively involved in meditation groups. As these communities (sanghas) are relatively small subcultures even within larger cities, the possibility of interacting with clients in another setting is a distinct possibility.

*Bodhi*: I don’t know if this counts as an ethical dilemma, but I have had, I think it was just one client, who was looking for a sangha to join, she wanted to meditate with a group. And I referred her to some... There’s definitely a little, like hoping that people don’t find my sangha, because I don’t want to be in sangha with clients. That would be an issue for me, ethical dilemma.

*Diagnostics and Buddhist Psychotherapy*

There was a recurrent theme of not finding the diagnostic labels of the Diagnostic and Statistical Manual of the American Psychiatric Association as being particularly compelling, and that, although they are currently unavoidable in settings reimbursed by insurance, they might cloud the therapeutic vision of a therapist and reduce the immediacy and efficaciousness of the relationship regardless of the
diagnosis. Zoho differentiated diagnoses from individuals in his response to this query area:

Zoho: I don’t know about diagnoses, I know certain people would be maybe just cautious. I wouldn’t say that I wouldn’t use it but that I would want to check out and see how it is being used for certain obsessional disorders where focusing them on certain sensations might aggravate some of the content of their obsessions. I remember one client who was doing some breathing work with and he had a, I can’t share confidential information, he had some somatic fears that were part of his anxiety disorder, and focusing on that particular practice seemed to play into his fears. So I had to find a different way to focus him and so it’s not like I didn’t do some of these techniques, but I had to retool them. I think some people where there is a great deal going on inside and maybe a lack of trust or maybe even a rigidity in the personality, that it might feel like they might be threatened or put off by a practice that seems foreign to them. So then I might go more slowly with them and do that later in the treatment. I want to make one more comment, and I don’t know if this is apropos for your dissertation or not but, personally I’m constitutionally allergic to the DSM. Because the DSM is like a reification of clients who are really on a continuum. Even if someone is schizophrenic you know they might have a certain life, someone who is schizophrenic might have symptoms or life issues in common with other people with such a diagnosis but who that person is essentially can be so varied and I think that could hurt me and help
me. You know it could make me less perceptive on picking on certain
diagnostic cues at times. On the other hand, I’ve worked pretty successfully
with people who have had that label attached to them. This was not a medical
approach, this was a psychotherapy approach, where I could just connect to
their basic humanity and didn’t need to, I don’t think human beings fit into
neat little boxes. And I think that may have something to do with my Buddhist
background.

-Problems with which Buddhist Psychotherapy Works Less Well-

A broad range of responses was elicited in asking about client problems that
participants encountered for which Buddhist informed psychology worked less well
than other approaches. Interestingly, although there were certainly commonalities in
the responses, there were also contradictions across participants in how they perceived
the efficaciousness of Buddhist ideas in application with various client problems.
Among specific client problems that Buddhist informed psychotherapy was not
particularly recommended were working with children, depression, and personality
disorders (although, as in the next topic area, both depression and borderline
personality disorder were described as being well addressed by this therapeutic
modality).

Bodhi: I’m still working on like how to fight with grief and loss, because
obviously that’s a big thing where we get hung up in... like not wanting things
to be impermanent, and then when they are in a big way, they’re not very happy about it. You can’t just say, “Hey! Everything’s impermanent, get over it!” You know, I don’t know. I think it’s like anything. Nothing’s going to affect everybody! I’m guessing that it has to do much more with the therapist’s level of comfort in the theoretical framework that they have worked in, than the particular one itself. I think anything where I have to think more theoretically, I wouldn’t be that good at. And so probably, it wouldn’t be as effective as somebody who was comfortable with that theory. So I would think somebody who didn’t find some personal fulfillment through Buddhism, whether they were again, sort of technically Buddhist or not, but somebody who didn’t have some kinds of rapport or resonance with Buddhism wouldn’t make a good Buddhist therapist.

Some participants gave voice to the idea that a medical condition, or biologically based psychiatric condition, should not be treated with Buddhism, and that, indeed, the only effective primary intervention would be of a medical nature in that case.

Onza: Well we have to recognize that there are also medical conditions that drive symptoms. We need to go to a doctor at times and there are times when it’s time to have a psychiatric evaluation to see whether indeed there are some medical conditions, real mental illness or physiological conditions. So but certainly that’s one of them. This is one where meditation, Buddhism approaches are certainly not the primary but they can be secondary or tertiary
but not a primary intervention. It doesn’t fix everything. It is necessary to address physiologically driven conditions that may be helped by medical intervention, by medicine.

Problems with which Buddhist Psychotherapy Works Well

A Buddhist informed approach was identified by participants as working particularly well with a wide range of client difficulties. Depression and anxiety (including panic disorder, generalized anxiety, and stress) were cited frequently. Chanda made the important distinction (unique to her) that although she would regularly utilize a Buddhist informed approach with depressed clients, that she would not teach them meditation.

Relationship issues were also described as an area that a Buddhist informed approach would be useful, as Bodhi stated: “Helping people be a lot more spacious and open-hearted, helping people have compassion for themselves and others, in relationships, is just tremendously powerful.”

Personality disorders were particularly stressed in the response offered by Onza when asked if Buddhism worked particularly well with any specific client difficulties:

Onza: Absolutely. Absolutely. Anxiety and with personality disorder. In other words, they do not necessarily need to meet the criteria for any particular personality disorder. However, we are looking at rigid personality styles, what
we are looking at is entrenched, maladjusted coping behaviors, coping modes. These are formed as a reaction, and an attempt to avoid something that is feared. So I certainly tend to address underlying fear, I address anxiety. But I don’t address it only as the anxious disorders. I address them also in the personality.

Zoho differentiated between direct client application involving discussion of Buddhist concepts and the use of Buddhist techniques internally by the psychotherapist:

_Zoho:_ It helps me to be centered in the face of clients’ traumatic experience, their difficult experience. And again I think, and again I don’t even meditate on a regular basis, but I think I’ve integrated something from Buddhism that allows me to maintain a state of being centered. That doesn’t mean I’m centered 100% of the time but I don’t know if anyone is. And I might define feeling uncentered, I might become more, I might tune into my own breathing as a way to help me center when working with someone. But I would never present myself as someone that is always centered. There are moments when I feel really challenged.

Beyond specific DSM diagnoses, Jiho described the utility of the application of Buddhist psychological ideas to the broad area of existential crises.

_Jiho:_ Existential crisis, ‘what is the meaning of life?’ kind of issues or for people who are really caught up in issues about money and possessions, and financial stress, and kind of what I see as surface aspects of life. They can
sometimes be helped by broadening their perspective. But again, it’s, you have to be careful in the way you do it, without minimizing the difficulties that they’re going through.

Applications of Buddhist Psychotherapy When Working with Non-Buddhists

The typical application of Buddhist psychological thought was in work with clients who were not, in fact, Buddhists themselves. Ethically, this was the norm, and ethical considerations of applying these concepts to non-Buddhists were intrinsic in participants’ work.

Togen: I can do Buddhist informed psychotherapy with a Christian; I’ll just use different language. It’s that the principles there are so powerful and so good and if you look at the evolution of psychotherapy right now, all of the mind body stuff uses Buddhist principles whether they know it or not. Okay. So what is it? Allowing of the experience in the body? Being present to it? Not judging it, allowing whatever is in the body to express itself, watching it, being mindful and letting the process complete itself without impeding it so you are not attaching.

Jiho described how she might assess a given client to determine how she might approach the use of Buddhist concepts or Buddhist terminology. Her approach toward assessing clients for their spiritual outlook and openness to non-Western concepts was typical of that described by study participants.
Jiho: The things that they might be talking about, the ways that they might be talking, spirituality, or the words that they might use, or the fact that they would be saying “I’m really interested in alternative religion, or alternative spirituality, or that sort of thing.” If some people will come in and self-identify as a fundamentalist Christian, I’m probably, probably not going to bring up Buddhist thought to them, although this is changing, too, because there is so much in the mainstream media now about mindfulness and the use of meditation to study their life, or helping people with medical conditions, and all kinds of life issues, so even if it were somebody that said, “I’m a fundamentalist Christian,” I might, if I felt like meditation would be helpful to them, I might bring it up, but I might couch it in different terms, like I might say something like “deep relaxation” or “guided imagery.” I would present it in a way that wasn’t threatening or religious-sounding.

_Buddhist Psychtherapy Applications in Working with Buddhists_

Participants reported working with clients who identified as being Buddhist far less commonly. Some participants described having never worked with any client who self-identified in that manner. Responses along the lines of Jiho’s statement that “I’ve had people say that they are interested in that, or attracted to that, or they’ve done some reading, and they resonate with that, or with Buddhist ideas, or that sort of
thing," were the most common. In working with such clients, though, she mentioned that she would still not want to generalize.

*Jiho:* Well, I’d treat them individually, I’d find out how that has informed their experience, and how they think about things, and I would treat it as a cultural component, and, just like I would interview any client about where they’re coming from in terms of viewpoints that are based on where they grew up, or what their family background was, or their ethnic background, or that sort of thing. I would ask them to tell me, “How does that inform what you’re thinking?” Or, “How does that work into your life?” or that sort of thing. I might be more likely to couch things in a more spiritual or philosophical aspect if I felt the person was more likely to hear something if it was put in a certain way like that.

**Hypothetical Case Study**

As expected, the hypothetical case study of Delia, a woman suffering from clusters of emotional, interpersonal, physical, and existential symptoms, provided an opportunity for participants to give more specific voice to the nuances of their backgrounds and theoretical outlooks. Also as expected, the hypothetical case study proved to be particularly challenging due to the limited amount of client specific information it contained. The two page case description proved to be enough information, however, to provide a starting point. Although the interview protocol
called for separate responses regarding tentative case conceptualization and tentative
treatment planning, these answers were typically linked closely together as the
envisioned treatment plans necessarily involved the gathering of additional
information, and that additional information was required to thoroughly conceptualize
the case. The discussion of findings here, though, maintains this separation for the
sake of clarity of presentation. Please refer to Appendix D to view the sample case
upon which the participant comments are based.

*Hypothetical Case Study – Responses per Participant*

For clarity of presentation, the responses to the hypothetical case study are
presented summarily in bullet-point formation. Conceptualization is labeled as “Areas
for further investigation” to more accurately reflect the tenor of the interviews with
regard to preliminary formulations of conceptualization. Treatment planning is to be
understood simply as planning, and not as more than the tentative foundations for
future treatment planning as more solidified by the addition of further information in
the areas to be investigated, as well as with other data yet unforeseen. Despite the
preliminary nature of the responses provided, similarities and deviations in response
were provided by the research participants. For each participant, a particularly
relevant quotation in the discussion of the hypothetical case study is provided to
increase insight into the individual manifestations of the phenomenon of
psychotherapy as informed by Buddhist psychological perspectives.
Many responses do not mention nor point directly toward the Buddhist thought base utilized by the participants. Regardless, these responses reflect the whole of their psychological perspectives, brought to bear in microcosmic fashion in these basic formulations.

1. Bodhi (self-rated 5 on a 1 to 5 scale in influence of Buddhism upon work)

Areas to investigate:

- Depression
- Isolation
- Family of origin issues

Treatment Planning:

- Reframing of feelings of suicidality from "I want to die" to "I want the pain to stop"

  I don’t think I would come out and say “No big deal” to a client who’s having suicidal ideations, but I think, reframing it as not, it’s not weird for her to be feeling that way, there’s nothing wrong with her feeling that way, and that whole sense of, that the pain is the starting point to investigating, how to get back to her inner wisdom? What’s the wisdom that’s not getting expressed? What’s the protective function that it serves?
2. Druki (self-rated 4 on a 1 to 5 scale in influence of Buddhism upon work)

Areas to investigate:

- Relational experience in the present

Treatment Planning:

- Would want to experience the client relationally in order to make informed decisions on how to proceed

  I would really need to sit with her, to get a sense of her as a person... I would need to have access to an interpersonal connection... I couldn’t really tell any more without making that person to person, that experiential, relational aspect...

3. Onza (self-rated 4 on a 1 to 5 scale in influence of Buddhism upon work)

Areas to investigate:

- Diagnosis beyond major depressive episode
- Metal toxicity
- Substance abuse
- Thyroid problems
- Family history of depression
- Identify maladjusted coping modalities
- Suicidality
- Imaging assessment (Imagine difficulty with parents and difficulty later in life) – Recurrent themes and behaviors
• Multimodal life history inventory
• Schema assessment tool
• Beck depression inventory

Treatment Planning:

• Psychiatric evaluation

There is no doubt about it that I would do an imaging assessment. I would ask the client to close her eyes. To imagine first a safe place so that she could come back to that safe place, then I’d ask her to imagine herself with her eyes closed to see herself in an upsetting situation, uh, with her parents. And at that time I would ask her to identify that upsetting situation, getting contact with that feeling and then open another imagine of another situation later on in her life which had similar feelings. So we begin to look for patterns, because that is what we are looking for.

4. Seda (self-rated 5 on a 1 to 5 scale in influence of Buddhism upon work)

Areas to investigate:

• History of sexual abuse
• Manifesting of repressed history of abuse
• Personal history
• Sources of guilt
• Feelings of unfulfilled potential
• Identify beliefs about self – negative self messages
Treatment Planning:

- Antidepressants
- Thought-stopping, redirection (safety & contingency planning)
  - Work to change possible depressive habit of mind
  - Challenging negative self assessments
- Psychoeducation via psychology books
- Marital therapy

The first thoughts that I had, but I would not bring it up unless she did, was that she had a history of sexual abuse, and the reason that I would say that is, she had a child at seventeen, and she was now very depressed at thirty-three, and it could be that she was having some memories that were starting to manifest, about that experience that she had repressed from childhood. That was one thought I had. Another thought was that she wasn’t, well, she was full of guilt, and I would want to know what that guilt was really all about, because she, the guilt was obviously creating a lot of problems for her, and she, it’s possible that she really wasn’t okay with the fact that she didn’t have a career.

5. Chanda (self-rated 4 on a 1 to 5 scale in influence of Buddhism upon work)

Areas to investigate:

- Feelings of being “boxed-in”/hopeless
- Unfulfilled dharma/life quest/meaning
Treatment Planning:

- Meditation
- Social anxiety desensitization

I would want to query about her family history of depression and anxiety, but primarily this seems like someone who has a feeling of being boxed in. I would want to know more about her feelings of hopelessness, and to explore how this might relate to her unfulfilled dharma, her unfulfilled life quest, and her life search for meaning.

6. Togen (self-rated 4 on a 1 to 5 scale in influence of Buddhism upon work)

Areas to investigate:

- Feelings of guilt
- Messages from husband
- Suicidality

Treatment Planning:

- Normalize suffering
- Explore causes for suffering

This suicidality is just your mind saying “I’m suffering and I want out. I don’t know any other way, so I think I’ll fight.” It says that it ran across her mind, but that she would never actually do it. Okay. So again, here’s the Buddhist take on that. We suffer over our suffering, so if we can take one layer off, if we can accept we are suffering, that is the first noble truth isn’t it?
Let's accept the fact that we suffer. So how that gets translated is, okay, you are having depression, okay, you are having suicidal thoughts, okay, well let's understand and accept that, first. Then we can look at the causes. That will take us wherever it will take us.

7. Drolma (self-rated 4 on a 1 to 5 scale in influence of Buddhism upon work)

Areas to investigate:

- Suicidality
- Family history of depression
- Personal history of depression
- Coping strategies that she has already tried
- What results she has obtained from past coping strategies
- Current relational dynamics
- Existential meanings surrounding life roles

Treatment Planning:

- Refer for medication assessment
- Work toward reevaluation of meaning regarding life roles

    I would be particularly interested to hear, in her own words, how she understands the efforts that she has made in the past to change her experience, not just to accommodate her experience, but how she has attempted to make change in her life, how she might make change... I would want to know more about what kinds of changes she would truly be open to.
8. Hoka (self-rated 3 on a 1 to 5 scale in influence of Buddhism upon work)

Areas to investigate:

- History of depression (hers, mother’s?)
- Is husband having an affair?
- What was her adolescence like?
- Her sexual history
- Did they feel they had to get married?
- What about the gap in ages of children?
- Why didn’t she return to school?
- Self esteem?
- Untreated biological depression?
- Cognitive exploration – Meaning of life issues

Treatment Planning:

- Narrative thematic assessment

You would want to know if she had ever felt anything like this before. That would be the first question. And if so, whom and, when I read a case like this, I never believe everything’s great in the relationship. The odds are that he may be having an affair. You don’t know what’s going on, if she’s picking up on something, you may suspect that there’s a lot going on…I would start by being a detective. There’s something that’s caused this!
9. Zoho (self-rated 4 on a 1 to 5 scale in influence of Buddhism upon work)

Areas to investigate:

- Possible sources of apparent depression
  - Family history of depression – endogenous depression?
  - Career and life circumstances
  - Meanings surrounding wife and motherhood
  - Parts of herself that she is pushing away

Treatment Planning:

- Possible medication
- Exploration of roles – What works for her now, what doesn’t?
- Exploration about dreams for her life
  - What could be done to move toward some of these unfulfilled dreams?
- Exploring & Reframing possible fears of abandoning children

I want to know how she feels about her role as mother and wife, and whether that’s fulfilling to her. So that’s what I wonder about… If she’s feeling maybe stuck in life. And her guilt about having certain feelings makes me wonder if it would be hard for her to admit to herself that maybe there are parts of being a mother in her life that she wasn’t enjoying anymore. And maybe she had expectations of herself that were given to her, that now are her expectations. There is a part of her, this is sort of from the Indian point view,
that maybe wants to emerge and she’s pushing, perhaps, pushing something
away, some emergent part of herself and that may be why she is depressed.

10. Jiho (self-rated 4 on a 1 to 5 scale in influence of Buddhism upon work)

Areas to investigate:

- Biological basis → Untreated depression or anxiety?
- Existential dissatisfaction

Treatment Planning:

- Stabilize through medication and/or CBT
- Explore existential, meaning of life issues

I’d do some diagnostic work around depression and anxiety to see if
she really could benefit, possibly, from being referred for a medication trial
and try to get her stabilized that way. I would also be worrying more about
some of these dissatisfactions that she has around, wishing she had gone to
school, and feeling this more again, I guess I would call it “Existential, kind of
something is not quite right-feeling.” And as she got more stable emotionally,
either through medication or through therapy, like cognitive behavioral... I
would talk more about, more like the meaning of life issues.
Hypothetical Case Study – Responses Across Participants

As is clear from the above responses, participants described their preliminary case conceptualizations and preliminary treatment planning in widely different terms. Some areas of commonality also emerged, though. Eight of ten participants described wanting to investigate the family system in which the client’s problems had emerged. Seven of ten participants utilized broadly cognitive frameworks to describe both the client’s difficulties and potential treatment interventions. Half of the participants described wanting to investigate existential themes within the client’s narrative. Additionally, half of participants discussed evaluating the client for possible medication. Only three participants described the client’s difficulties and possible interventions in broadly Buddhist terms, two of whom rated the influence of Buddhism upon their work as a four on the five point scale of five being most influence, and one of whom rated this influence as a five.

Photographs of Psychotherapy Offices

This, the second part of this second section of chapter four, presents a descriptive discussion of the photographs of volunteering participants’ psychotherapy offices. These photographs appear in Appendix H. For each of the participants volunteering to include photographs of therapy office spaces in their data, a brief
overview of the office space shall be presented. Of special note are items portraying spiritual themes, and, specifically, Buddhist themes.

Descriptions

Bodhi: The photographs provided by Bodhi show a well-lit office with white walls and a light brown couch facing two blue chairs. At one end of the room is a window with a small table in front of it. On the table is a large crystal along with a single votive candle. Very little art is seen on the walls, however there is a small picture of what may be the interior of a Buddhist temple looking out toward a window. Bodhi’s office has what appears to be a small statue of Buddha next to a small incense burner and two small crystals. The door to Bodhi’s office shows a swirling insignia, ambiguously referent to spiritual themes.

Onza: The photographs provided by Onza show a room with one dark brown wall. The lighting level appears low in the photographs. This office includes several prints depicting abstract artwork and abstracted figures. Two photographs of woodland scenes appear on the wall. Two live plants are shown hanging from the ceiling. Multiple bookshelves are prominent features of the room. A hanging tapestry depicts landscapes illustrated in an East Asian traditional fashion. A small Buddhist mandala (circular symbol) appears leaning on a shelf. What appears to be a framed black and white drawing shows a person sitting in what may be sadness.
Chanda: The photographs of Chanda’s office depict a room with medium light, with two chairs and a couch. A nautical port scene and two natural woodland landscapes are the largest artworks shown in the therapy space. What appears to be a canteen-shaped ceramic vase is shown as hanging on the wall, containing sparse branches that are reminiscent of a Japanese bonsai tree in form. What appear to be live plants are shown on a desk, a table, and behind the couch. Additional photographs depict a waiting area with a single abstract work of art.

Togen: Togen’s therapy office is shown as a large room, with a couch and two chairs in one corner, what appear to be two daybeds with pillows in another corner, and a bookshelf in yet another corner. One wall is wood-paneled, while the others appear white. Small framed natural landscapes appear on the walls, along with a print of an abstracted figure. The bookcase in the corner is shown with few books, and several items related to Buddhism. Photographs of what appear to be Buddhist monks sit upon the top of the bookshelf and on a shelf. A Tibetan Buddhist bell sits atop the case, along with multiple candles, several small objects of a perhaps sacred nature, and a medium-sized bronze statue of Buddha. A Buddhist thangka (sacred tapestry) appears on the wall near the bookcase, along with a framed print depicting other Buddhist symbology.

Hoka: The photographs provided of Hoka’s therapy office show a room with medium light levels. Bookshelves and a desk appear to show an actively used workplace. A small potted plant appears on a shelf along with a larger potted palm on the floor. A large chair appears to be covered with a tapestry of possible Indian origin,
and another, more certainly Indian, tapestry appears behind the chair on the wall. Another tapestry, of patchwork, appears on the wall, along with yet another patchwork tapestry held within a frame. A small framed Buddhist mandala appears on a wall, and a calendar showing another mandala also is shown on a wall. Two prints are also shown on the wall, depicting what seem to be Native American mystical themes.

Zoho: Zoho’s therapy office is shown in what appears to be low to medium light. A futon and chairs are shown as seating. What appears to be some sort of traditional woven tapestry is seen hanging above the futon. A large abstract print hangs upon a wall. Several small objects are depicted upon a window sill and on a table. Small pictures also appear on a table. A very small Buddha is shown sitting unobtrusively on a shelf in front of a blue ceramic container.

Jiho: The photographs provided by Jiho show her therapy office at both low and medium light levels. A large quilt-like tapestry and several art prints are shown hanging on the walls. Some of these pictures are of an ambiguously spiritual nature. One suggests African zebra themes. Another shows what may be a Huichol Indian mystical bird. Others appear to portray whimsical/mystical nature themes. A hanging chain of what may be stylized cloth birds is shown in a corner near a purple lamp. Woven textiles are shown draped over the couch and a chair. Several potted plants appear on a counter beside a small sink. Black and white prints depict children sitting next to animals, a girl with a cat, and a boy with an elephant. Several small turtle figurines appear on a shelf. A dollhouse and other toys are also prominently featured.
Photographic Themes Across Participants

Of the seven participants who provided photographs for inclusion in this study, six portrayed explicitly Buddhist imagery. Of these six, the prominence of the Buddhist imagery varied significantly. None of the offices showed only Buddhist imagery. Most contained imagery of an ambiguously spiritual or mystical nature. Most also contained photographs or paintings of natural scenery. All offices were shown as containing living plants. The subtle presence of Buddhist themes is in keeping with participants expressed desires to utilize or even present Buddhist ideas, without imposing such ideas upon their clients. The presence of images of natural scenery, images with mystical themes, and the presence of live plants might all serve to address underlying themes of Buddhism without directly expressing those in such an imposing manner as might occur if many strictly Buddhist images/objects had been present.

Professional Websites

This section of chapter four presents a description of professional websites. Two participants provided website information for analysis in this study. Reformatted versions of both of these websites appear in Appendix I. Both participants who indicated utilizing professional websites volunteered to allow their websites to be
analyzed for this study. Other participants may utilize such websites but may not have reported this to be the case.

The participants who provided website information were Onza and Togen. These psychotherapists were both males, and comprised two out of the three males participating in this study. Their websites, while significantly different in visual presentation, offered a similar functional layout, and also offered similar types of information for the most part. Both sites included a main homepage, which provided links to other information within their respective sites. Onza’s site consisted of eight total pages (including the main home page) plus a “contact” link to activate an e-mail program such as Microsoft Outlook. Togen’s site consisted of eight total pages (including the main home page), with similar contact links featured less prominently. Both websites provided information about the theoretical outlook of the psychotherapists as well as links to counseling and supplementary services available.

Onza’s website provided the greater level of detail between the two participants’ webpages. Onza’s main page provided an overview of a self-help program for anxiety based upon Buddhist meditation and another, more traditional albeit emergent, psychotherapy modality. A secondary link labeled “orientation,” provided an eight level description of the change process based upon Onza’s program. A tertiary link labeled “assessment” offered some self-assessment instruments and explanations of the variables addressed by these instruments. A fourth link labeled “treatment” described mechanisms of change activated by both therapy and self-help tools. A fifth link labeled “media” offered eleven audio clips of Buddhist and other
psychotherapeutic information available for download for home study and use. A sixth link labeled “links” provided links to ten other websites, offering services ranging from information about anxiety, to meditation supplies, to theoretical grounding for Onza’s program, as well as a link to another therapist. The seventh link on Onza’s website, labeled “meditation schedule,” provided information about a sponsored meditation group and its calendar of meetings, as well as some basic information on meditation. The eighth and final link was labeled “therapist support,” and provided contact information for therapists to receive additional services should they wish to follow Onza’s program in their own work with clients.

Togen’s website followed a similar layout, but provided less depth of information. The main page provided a welcome message and a photograph of Togen and another therapist. The first link, labeled “counseling services,” provided background information about Togen and his partner therapist. The second link, labeled “classes, groups, and retreats” provided a photo of a group of attendees and a list of previous group-oriented activities that Togen had facilitated. A third link, labeled “schedule of events,” provided information about four upcoming seminar-type groups that Togen and his partner therapist were planning to conduct. A fourth link offered information specific to regularly offered depth work retreats, again facilitated by Togen and his partner therapist. A fifth link provided information about an additional service provided by Togen: he also conducted wedding ceremonies as an ordained minister of a non-mainstream denomination. A sixth link provided information about regular couples’ retreats offered by Togen and his partner therapist.
A seventh link provided information about the emergent therapeutic modality that Togen described utilizing in his psychotherapy work, along with Buddhist informed psychological thought.

Both websites submitted to this study provided additional information regarding the psychotherapist participants and their therapeutic work. Onza’s website provided significant self-help information that would easily dovetail into working with Onza as a therapist. Completion of assessment instruments he provided online would likely be integrated into work with him as a therapist (based upon interview information). Togen’s website was focused more upon services provided via Togen’s therapy practice. Both websites offered information regarding additional adjunctive services. Both provided information regarding specific aspects of therapy. Onza’s website was more explicitly Buddhist informed in content. Togen’s, while spiritual in presentation, did not focus on Buddhism. Both websites potentially would attract wider interest than those simply seeking psychotherapy.

Literature and Handouts

This section consists of a description of literature and handouts. Seven of ten participants in this study provided copies of literature and other handouts regularly provided to clients. Seda, Drolma, and Hoka did not provide such documents.
### Table 2: Literature and handouts regularly provided to clients.

<table>
<thead>
<tr>
<th>Item:</th>
<th>Bodhi</th>
<th>Druki</th>
<th>Onza</th>
<th>Chanda</th>
<th>Togen</th>
<th>Zoho</th>
<th>Jiho</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Card</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>General Description of Practice Flyer</td>
<td>x</td>
<td>x</td>
<td>14pgs</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Disclosure Statement</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Client Data Sheet</td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>History/Symptom/Goals Forms</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment Instruments</td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information on Buddhism</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Other Psychological Theory Information</td>
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<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bibliotherapy Information</td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consent to Treatment Form</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

x = regularly provided to clients; #’s indicate quantity of item regularly provided

Major similarities and differences are clear from reviewing the types of literature and handouts typically made available to beginning clients. Please refer to Table 2 for specific information per participant. Six of seven research participants who provided forms in their participation for this research also provided disclosure statements and consent forms. Five of the seven provided general information about their practices. Only Druki provided assessment instruments, and she provided two (the Beck Depression Inventory and the Dissociative Experiences Scale). Only two of the seven, Bodhi (self-rated 5 out of 5 regarding influence of Buddhism upon work) and Onza (self-rated 4 out of 5), provided information regarding Buddhism and psychotherapy. Onza provided a 14 page pamphlet combining information on his practice and information about Buddhism. While Bodhi provided information indicating the utilization of a Buddhist perspective, this information was relatively superficial in nature. Only Onza (self-rated 4 out of 5 on Buddhist influence) provided
in-depth, specific information regarding the utilization of Buddhism within his therapeutic modality.

Research Questions Revisited

The answers to the research questions compose the bulk of this chapter. In order to present the data in an accessible format, every attempt has been made to preserve the authentic qualities of the voices of the participants. In the broadest sense though, this presentation is a distillation, a distillation of the experiences of individuals in an attempt to move beyond any single individual experience and to instead approach the phenomenon of psychotherapeutic practice as informed by Buddhist perspectives.

In answer to the research questions addressed by this study, each section of this chapter provides illustration of the phenomena under investigation. Broadly, however, what is perhaps the most interesting aspect of the textual data provided by participants is the very range of the data itself. There are few generalizations to be made about this group of psychotherapists. They cover multiple continua of manifestation in the ways they conduct their Buddhist informed practices.

One matrix query analysis of the obtained data within the qualitative data analysis software (NVivo 7) provided some descriptive information of note, as are described subsequently. It is of interest as well, though, that this is the single matrix formulation proposed to the data that yielded such a trend; almost in its entirety,
participant data was spread across a range too wide to generalize. The matrix formulation that revealed a trend was examination of potential ethical pitfalls as correlated with advanced degree obtained. While both master’s and doctoral level participants identified proselytizing and boundary concerns as being important areas to monitor for ethics concerns, only master’s level participants expressed concerns regarding goals of therapy and multiple role relationships. This research is not quantitative in nature, and such matrix query analysis was sought only to provide supplementary information. As a quantitative study, this relationship would be considered necessarily weak given the small number of participants. Still, this relationship between data variables provide an area for possible exploration in future research.

Phenomenological Reflections

My cumulative experience of this research process left me with a sense of wonder regarding the wide variety of ways in which Buddhism is expressed through the work of psychotherapy. The Buddhism that I encountered through this project was manifested so diversely, and that seems entirely appropriate to this emphasis within psychotherapy. Phenomenologically, I was left with a sense of the immediacy of the work conducted by these therapists, with their authenticity, even with their playfulness in approaching work that can sometimes be an emotional burden to some therapists.
I am reminded of the Buddhist teaching story where, when one monk declared the unreality of all physical phenomena, another monk picked up a rock and threw it at him. Despite the transitory nature of physical phenomena, and ways that reality might be understood as different from the day to day reality that we experience, it is the day to day reality that truly forms our experiential world. In the case of Buddhist informed psychotherapists, I found a similar range of therapeutic outlooks as I might have found speaking with random counselors. There was a somewhat greater emphasis on spirituality in some outer trappings, but, for the most part, these therapists were different in the way that they utilized a set of conceptual frameworks.

A popular Buddhist image is that of, after enlightenment, still needing to chop wood and carry water. These aren’t the everyday activities of Buddhists and other ordinary citizens in 21st century America, but the analogy holds. Despite the broad views on life, suffering, and impermanence that play such primary roles in Buddhism, in the end the everyday tasks of therapy compose what Buddhist informed psychotherapists do. Cognitive interventions and referrals for medication evaluation are commonplace. And yet, just as chopping wood and carrying water are understood to be transformed by the Buddhist experience, this research process left me with a feeling of possibility of transformation through these mainstays of psychotherapy.

In the next chapter, chapter five, the findings of this study are discussed and the implications of this data regarding further study are explored.
CHAPTER V

DISCUSSION

This exploratory research offers a window into a range of possible manifestations of Buddhist informed psychotherapy. At the time of this writing, this is the first multiple case phenomenological study to examine this form of psychotherapeutic practice. The first section of this chapter discusses participant incorporation of Buddhist ideas; the second section addresses specific ethical considerations in the utilization of Buddhist perspectives; the third section describes strengths and limitations of this research; and, finally, the fourth section of this chapter addresses implications for both practice and future research.

Participant Incorporation of Buddhist Ideas

Participants in this research project varied widely in their incorporation of Buddhist ideas in their psychotherapeutic work. This section of chapter five explores the degree of explicitness in participant application of Buddhist perspectives and then explores the participants’ range of theoretical backgrounds and application approaches.
Explicitness of Buddhist Ideas in Application

One of the major findings of this research is the wide range in degree of explicitness of participants' incorporation of Buddhist ideas. This range can be readily observed when comparing participants along three dimensions: explicit use of Buddhist ideas in practice, explicit use of Buddhist ideas in the hypothetical case conceptualization task, and explicit use of interventions derived from Buddhism.

Table 3 shows the distribution of participants along these three dimensions and includes, in parentheses, the self-reported degree of influence by Buddhism per participant. Each of these scales range from 1 (no explicit use) to 7 (high explicit use).

Table 3: Multiple continua of practice and application.

\[
\begin{array}{ccccccc}
J(4) & H(3) & Da(5) & S(5) & Z(4) & T(4) & C(4) & Di(4) \\
1   & 2   & 3   & 4   & 5   & 6   & 7   \\
none &    &    &    &    &    &    & high
\end{array}
\]

\[
\begin{array}{ccccccc}
Z(4) & Da(5) & S(5) & O(4) & H(3) & Di(4) & J(4) & C(4) & T(4) \\
1   & 2   & 3   & 4   & 5   & 6   & 7   \\
none &    &    &    &    &    &    & high
\end{array}
\]

\[
\begin{array}{ccccccc}
H(3) & J(4) & Z(4) & Da(5) & S(5) & Di(4) & T(4) & C(4) & O(4) \\
1   & 2   & 3   & 4   & 5   & 6   & 7   \\
none &    &    &    &    &    &    & high
\end{array}
\]
Participants clustered at both ends of the continuum with regard to explicitness of use of Buddhist ideas in their psychotherapeutic work, as based upon self-reports in interviews and researcher inferences from interview data. The participant pool bifurcated along this dimension, with half being rather explicit to entirely explicit in their use of Buddhist ideas in their psychotherapeutic work, and half being rather implicit to entirely implicit in their use of Buddhist ideas.

The hypothetical case conceptualization task generally mirrored this bifurcation, however only three participants were rather explicit to highly explicit in their use of Buddhist ideas in this instance, while the other seven participants fell at the implicit end of this continuum. Some participants, therefore, may be understood to employ a highly explicit use of Buddhist principles, while others reported very implicit use of these principles. This might mean that, while the influence of Buddhism may be high, the venue for psychotherapy or the client population itself may not be perceived by participants to be conducive to the explicit usage of Buddhism in their psychotherapeutic work.

The continuum of explicit use of interventions derived from Buddhism, however, told a somewhat different story. While there was some clustering at the high and low extremes of this continuum, half of the participants fell within the middle of the spectrum. Participants such as Bodhi (self-reported 5 of 5 as having been influenced by Buddhism) had a high correlation between the three continua of practice and application at the high ends of these scales. Contrastingly, participants such as Hoka (self-reported 3 of 5 as having been influenced by Buddhism)
maintained similarly high correlations at the lowest ends of these scales. The high
degrees of correlation for Bodhi and Hoka were the exception. More than half of the
participants showed moderate to high levels of discrepancy between these different
measures of Buddhist applications.

In practice, some participants openly discussed Buddhist concepts with their
clients. Some did not. Some utilized Buddhist principles intentionally in client
conceptualization. Others did not. Several had Buddhist items in their offices, while
some did not. A part of the participant sample utilized mindfulness/meditation, but
this was not generally true. Some participants even eschewed the very thought of
intervention as an unnatural overlay of artificial concepts upon a seamless
interpersonal interchange. Regardless, participants described great variation in their
presentation with regard to Buddhism. Although all participants described their work
as being informed by Buddhist principles, some even downplayed the explicit
influence of Buddhism on their psychotherapy in favor of a more broad description of
Buddhism as affecting their overall worldview which, in turn, fed back into their
work as psychotherapists. There was, among the participant pool, no commonly
agreed upon “correct” way to present this information, or even a shared sense of
necessity to present this information. Indeed, some participants worked in settings
(such as a religiously sponsored hospital or a secular public agency) that would have
discouraged the ready sharing of this information with clients.

This range would seem to imply that there is room for practitioners whose
work is informed by Buddhist psychological thought to choose for themselves how
explicitly they might like to represent themselves in this regard. Geographic location may likely influence to some extent how copacetic particular practice settings might be vis a vis Buddhism. Psychotherapists, however, have established both implicitly and explicitly Buddhist practices across broad geographical areas.

*General Evidence of Buddhist Approach*

Participants were identified as influenced by Buddhism either by their own publication of materials regarding Buddhism and psychotherapy or by peers through the snowballing search strategy. All participants identified Buddhism as being influential within their own lives. At the same time, however, many of these participants did not publicly identify themselves as being influenced by Buddhism. A summary of research data indicating Buddhist influence appears in Table 4.
Table 4: Research data indicating Buddhist influence.

<table>
<thead>
<tr>
<th>Name</th>
<th>Influence Of Buddhism (1 to 5) 5=high</th>
<th>Explicit Use of Buddhist Ideas in Hypothetical Case Conceptualization (1 to 7) 7=high</th>
<th>Photos showing Buddhist Imagery in Offices</th>
<th>Literature with Buddhist Information</th>
<th>Websites Evidencing Buddhist Influence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bodhi</td>
<td>5</td>
<td>6</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Druki</td>
<td>4</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Onza</td>
<td>4</td>
<td>2</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Seda</td>
<td>5</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chanda</td>
<td>4</td>
<td>6</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Togen</td>
<td>4</td>
<td>7</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Drolma</td>
<td>5</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hoka</td>
<td>3</td>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoho</td>
<td>4</td>
<td>2</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Jiho</td>
<td>4</td>
<td>3</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Blank table cells indicate participants opted not to provide this material for study.

Range of Theoretical Backgrounds and Application Approaches

The participants also relied upon a wide range of theoretical backgrounds and application approaches. While multiple participants reported the inclusion of relational concepts within their work with clients, psychological theories employed varied widely across the map of contemporary theory. Participants utilized theory ranging from the very traditional (psychodynamic and cognitive therapy) to the emergent (EMDR and energetics). Some of the most commonly used approaches were Dialectical Behavior Therapy, Family Systems, Gestalt, Medical Examination and Medication, Narrative Therapy, Psychodynamic Theory, and Rogerian Therapy.

The immediacy of the psychotherapy relationship was emphasized across these theory bases. The compassionate, mindful presence of the therapist, as described
by most participants, seemed to trump specifics of theory with regard to the relationship experience of the client. Interventions, albeit quite varied, all seemed to hinge upon the actuation of this compassionate relationship.

This implies that not only does Buddhist psychological thought appeal to a wide range of individual temperaments and outlooks, but that it also bears the possibility of functioning conjointly with diverse theoretical models. Indeed, the theoretical models used in conjunction with Buddhist informed psychology appear to be independent (again with the exception of a relational emphasis) from other theories and techniques of psychotherapy utilized. The primary constant, regardless of theory, appears to be that of compassionate presence and interaction with the client. This presence may be understood as functioning as an intervention in and of itself, and as a modeling of an introject for the client to cultivate in her or himself.

Specific Ethical Considerations

The degree of explicitness of the application of Buddhist ideas and the unique descriptions of relationship by participant psychotherapists together underscore the need to consider specific ethical aspects of Buddhist informed psychotherapy. Ethical considerations, as a matter of clinical practice, were described by participants in similar terms, although matters of emphasis came into play in participant narratives. The most often repeated theme with regard to ethics was that of not becoming a proselyte for Buddhism as a religion. Although Buddhism is described within this
project as a manifestation of spirituality, and although many participants embraced this aspect of Buddhism, not all participants did so explicitly. This may well have a relationship to the temperament and outlook of the therapists involved. As evidenced via the hypothetical case scenarios, spirituality was typically addressed by way of addressing existential questions, but not by any specifically “religious” manifestations of Buddhism. All participants expressed a profound concern about not forcing their own beliefs upon their clients with regard to Buddhism. There was a general willingness, nevertheless, to include and to positively value Buddhist concepts including the causes of, and release from, suffering, and the utility of mindful thought. The valuation of these practices might be differentiated from proselytizing due to the experiential, active nature of the application and awareness of processes as thusly framed. No participants recommended clients to place power for their change externally from themselves, or even suggested practices that might tend to flow from any such externalized conceptualizations of deity.

This implies a valuation of the imminent experience, as opposed to a spirituality of the transcendent. Imminent spiritual experience can be understood as a sacred valuing of the present moment, as experiencing a sense of eternity in the here and now. A spirituality of the transcendent may be understood in contrast to this, a spirituality more typical of Western religions, whereby God is experienced deistically as external to the individual. This potential bias toward a spirituality of imminence raises the question of whether this still might constitute a form of proselytization, albeit an Eastern form. Perhaps psychology, which has a long history of not placing a
high value on the practice of Western religion, lends itself readily for Buddhist
psychotherapists to incorporate its non-theistic (not validating or invalidating the idea
of God or gods) spirituality. Certainly, the focus of such therapy as described by
research participants often includes the instilling of an internal locus of control with
regard to the change process.

Strengths and Limitations

This section of chapter five begins by presenting an array of specific strengths
regarding the current research, including a discussion of efforts included in this study
to increase validity and reliability of the resultant information. The second part of this
section explores limitations of the current research, and then addresses potential
threats to validity and reliability.

Strengths

This study has several strengths in providing immediate phenomenological
information regarding the practice of Buddhist-informed psychotherapy, in sharing
the pragmatic application experiences and ethical observations of psychotherapists
practicing in such a manner, and in laying a foundation for future research.
Basic Scientific Research

The immediate phenomenological information that this study provides about the practice of psychotherapy as informed by Buddhist psychological perspectives is of import, in and of itself. As spirituality and other spiritually focused therapies have come to be more integrated into mainstream psychology, an understanding of this particular manifestation of spirituality in counseling work is a basic piece of scientific and narrative information. It tells part of the immediate story of the research participants. It shines a light on phenomena of present day psychotherapy. Basic knowledge such as that provided by this study affords an opportunity for examination. Whether psychologists or other professionals in mental health and related social science fields have an actual interest in practicing a similar form of psychotherapy is irrelevant in this particular respect. Through approaching understanding of specific stories of the psychotherapy process, regardless of the theoretical modality employed by the reader, all of psychotherapy as a whole is more completely understood by way of distancing the reader from her or his own preconceptions in grappling with the philosophical “lenses” of the participants. Through approaching understanding of specific stories of the psychotherapy process, regardless of the therapeutic modality employed by the reader, the specific phenomena of the individuals and practices involved are also more completely understood, and available for deeper scrutiny and comparison.
Practical Application

This study has a strength in the sharing of pragmatic application issues and ethical observations of psychotherapists practicing psychotherapy as informed by Buddhism. Readers desiring to employ a similar form of practice may find here an opportunity to learn from the practical experiences and applied theoretical insights of several psychotherapists already engaged in such work. This may be of particular utility for readers in areas of the country where such practitioners are less readily available for consultation. As was found in this study, there is a wide range of implicit to explicit forms of Buddhist informed psychotherapy practice. For some participants, an essential understanding of Buddhism served as basic grounding for their life experience, but was not utilized directly in the formulation of case conceptualizations nor in the application of interventions. For other participants, Buddhism informed their psychological practice on many intentional levels of both conceptualization and application. For the reader, this study is offered both as information on possible ways to implement Buddhist informed psychotherapy, as well as information about ideas that the reader may not wish to implement directly, but which may be utilized to spark a dialogue of other ideas and applications.

Buddhism has emphasized the practice of basic compassion over the practice of any particular method; indeed, the Buddhist idea of upaya refers directly to the application of "skillful means," whatever they may be, in order to help other beings (Harvey, 2000). Analogously, regardless of the theoretical outlook of any
psychotherapeutic practitioner interested in interacting with these ideas, the diversity of application possibilities offers the possibility of remaining resonant with the underlying core of Buddhism, with the hope of helping other beings. In that spirit, these perspectives are provided in hopes of inspiring the psychotherapeutic reader to grow in her or his own practice of any therapeutic modality of choice.

*Enhancements to Validity and Reliability*

While traditional quantitative scientific research criteria typically focus upon the objectivity of the inquirer and attempts to minimize bias, validity of data, reliability of coding, and generalizability, qualitative research uses somewhat different criteria for judging the quality and credibility of research (Patton, 2002). While these, more typically quantitative terms are not without analogs in qualitative research, the concepts undergirding quality research are often approached more in such terms as acknowledged subjectivity, trustworthiness, authenticity, and particularity. The terms validity and reliability were, however, retained for this section heading for the sake of clarity for readers less familiar with qualitative traditions.

With these particular emphases in mind, a number of specific strategies were taken to enhance the quality and credibility of this research project. A single-case pilot study was initially conducted to generate and focus research questions for the study at hand. A bracketing discussion was utilized to acknowledge the researcher’s perspectives and biases, as a psychotherapist, and as an individual whose life is
informed by Buddhism. NVivo 7 qualitative analysis software was utilized for coding, cross-case comparison, and data queries. A hypothetical case was utilized as another means to ascertain how Buddhist ideas were evident in case conceptualization and interventions. Adjunctive data sources (photographs, handouts, and websites) were also utilized in order to gain triangulation upon the phenomenological experience under study. An auditor with a background in both counseling and Buddhism was utilized as a “devil’s advocate,” to point out shortcomings, inconsistencies, and other weaknesses of the data analysis. Additionally, a draft of the findings was shared with participants to solicit their feedback and to utilize their feedback in preparation of the final version. Together, these collective measures attempt to enhance the credibility of the findings of this study.

Limitations

Despite the strengths of this study, and the efforts to enhance to quality and credibility employed, there are several distinct limitations to this research. Some of these limitations are inherent to the nature of the project and are the reciprocals of the very strengths outlined above. This study is exploratory in nature. There is little basis for comparison to other studies by which to judge the results obtained, or even upon which to compare the selection of research questions. The qualitative nature of this study, in fact, means that external validity (the ability to generalize to other cases) is, in fact, subsumed within the emphasis of the particularity of the qualitative research
participants. In other words, this variety of research is not formulated to address generalizability, but instead to focus upon the phenomenological experiences of particular individuals. Other researchers’ results may vary. The small sample size (relative to a quantitative study) necessitated by the depth of the interview and other processes precludes such broad generalizations.

While participants were sought nationally, even internationally, the Pacific Northwest was highly represented (seven out of ten) within the participant pool. This concentration of geographic diversity is a distinct limitation to this study. Although this facilitated the conducting of several interviews on a face to face basis, it was not possible to interview all participants in person. This discrepancy between interviews may have impacted the quality of the information obtained. Although the length of the interviews remained relatively constant, certainly telephone interviews did not provide the same conversational and relational cues within our discussions as would otherwise be allowed.

The participant pool, while diverse in many ways, was not as diverse as would have been preferred. All participants self-identified as “white.” More participants in the study were also female rather than male (seven out of ten) which may or may not represent the gender proportionality of Buddhist-informed psychotherapists.

The nature of self-reports by participants may also be viewed as a limitation. The processes involved in conducting psychotherapy were described by multiple participants as being “beyond words.” Recall of internal thought processes posits that conscious access to this information was even initially available, or that it might be
reconstructed after the fact. The stories of the participants’ phenomenological experiences of conducting psychotherapy are by needs separate in time and space from the phenomena of telling about these same experiences.

Some threats to validity and reliability are of note. As the work of a sole researcher, this project reflects personal perspectives. These perspectives and biases certainly influenced the organization of the research questions and the nature of the interactions with participants. Similar effects undoubtedly came into play within the categorization and coding of data. Additional researchers might have served to disperse these effects of individuality.

The generation of research questions was, itself, highly influenced by the initial pilot study. While the interview protocol was designed and implemented with flexibility in mind, the single-case study from which it was largely derived might have resulted in different research questions had a different single case been employed, or had more than one case been included in the pilot study.

Implications for Clinical Practice

While individual readers may find that the results of this research imply various courses of action as pursuant to their own areas of interest, in this section of chapter five four recommendations are made.
Disclosure

While participants ranged broadly in the explicit presentation of the influence of Buddhism upon their psychotherapeutic work, many of them specifically spoke to the need for disclosure regarding the use of Buddhist techniques with their clients. This disclosure might or might not include the use of Buddhist terminology in framing conceptualizations or interventions. Indeed, Buddhist vocabulary in and of itself may serve to hinder the communication of the ideas they serve to describe. As such terms are etymologically non-native to English speaking countries (the primary audience of this dissertation), they may distract from the meaning which is intended to be communicated.

On the other hand, however, Buddhist terms may provide specificity toward certain psychological concepts where English words may be cumbersome to utilize in approaching them. The choice of terminology is of far less importance, and certainly related more to the preference of the therapist, than is clarity of intent. Such clarity is part of what constitutes informed consent, and it would seem useful for both clients and for psychotherapists to have a meeting of the minds regarding the general course and processes of counseling work. At worst, a lack of disclosure in this area could possibly result in a sense of betrayal on the part of certain clients. The more that Buddhism plays an intentional role in client conceptualization and intervention, the more it would seem that there is some obligation toward this sort of disclosure. This is especially important as the inclusion of Buddhist perspectives in psychotherapy
means the inclusion of ideas specifically related to a historical and contemporary world religion, regardless of the non-theological aspects of these psychological/philosophical ideas.

Buddhist Relational Emphasis

As the constant factor across participant cases with regard to adjunctive theoretical perspectives, a relational emphasis within Buddhist informed psychotherapeutic practice echoes the results of common factors research (Krause et al., 2007; Jorgensen, 2004; Rosenzweig, 2002). In the case of Buddhist informed psychotherapy, participants described the common factor of relationship as playing a unique role. This relationship as expressed through compassionate presence, appears to provide a unifying dimension to these diverse applications. Compassion, literally meaning “to suffer with” (Merriam-Webster, 2004), is particularly relevant to Buddhism with its emphasis upon the origins of suffering and the release from suffering. While compassion is useful and humane for psychotherapists regardless of therapeutic modality, the self-awareness of the Buddhist informed psychotherapist may draw upon this understanding of self and relationship in a qualitatively unique manner. There are no ready means to systematize or to manualize compassionate presence as an intervention, yet the pervasiveness of its emphasis as an element in the work of the participants in this research suggests this recommendation: try to consider
the role that your own compassionate presence may play within the therapy session and utilize your compassion as a resource for your helping relationship.

**Avoid Proselytizing**

The most common response related to professional ethics from participants in this study was to avoid proselytizing to clients regarding Buddhism. As was mentioned earlier, any advocacy of Buddhist principles may, in some ways, constitute proselytizing. Certainly psychotherapy as an activity by itself is not without values and bias; the typical bias being that the therapist would like to help the client to facilitate her or his mental and emotional healing. That being said, however, there are clearly potential pitfalls specific to Buddhist informed psychotherapy with regard to coercively (at some level or another) “encouraging” clients to adopt Buddhism as a spiritual-religious outlook. Doing so would obviously constitute an overstepping of the professional boundaries of psychotherapy. It would seem that the more explicitly Buddhist terms and practices are included within psychotherapy, as well as the appearance of artwork and other objects of an explicitly Buddhist nature appear within the therapy environment, the more important vigilance on the part of the therapist would be in order to avoid subtle or overt encouragement for the client to become “Buddhist.” Proactively engaging this discussion in light of the power differential between psychotherapist and client may play a vital role in discharging the ethical obligations of the therapist in this regard.
Manage Dual Role Relationships

For clients who already identify as Buddhist, or who have spontaneous interest in exploring Buddhism more deeply as a spiritual tradition, additional safeguards are also recommended. In many Western towns and cities, the Buddhist community is a small subculture of the larger community. The opportunity for dual relationships to emerge is a distinct possibility. While these relationships are not, in and of themselves, unethical, it would certainly be unethical to not manage such relationships with great care and mindfulness.

Future Research

As this study was an exploratory study, there are myriad possibilities for further research. Qualitative studies might replicate the current research project. Quantitative study might include larger sample sizes and much greater geographical diversity in approaching these emergent phenomena. Statistical correlations with other therapist variables would be interesting and might provide further insight into improving the efficacy of Buddhist informed psychotherapy. It is likely that many more single-case studies will be performed, and these narratives will be of particular use in sharing, in-depth, the techniques and practice applications of individual therapists. A qualitative, phenomenological approach seems particularly well-suited for further study of this highly individualized psychotherapy approach. Such research
would benefit from inclusion of greater participant pool diversity with regard to
to variables of geographic location, racial background, and gender. Multiple researchers
would serve to enhance the quality of the obtained data by including multiple
perspectives. Uniform utilization of in-person interviews would make for more ready
phenomenological comparison. Exploration of the essence of a compassionate
relationship between the therapist and client might be accomplished by combining
both self report and external observations, such as gaining the perspectives of both
therapist and client and subsequently identifying places in videos of sessions where
compassion was observed to be especially evident.

Conclusion

The practice of intervening to help others is philosophically intrinsic to
Buddhism. The use of Buddhism as a source of inspiration for psychotherapists is
nothing new. The increasingly specific manifestations of Buddhism as an influence on
Western psychotherapy and the growing presence of its influence on psychotherapy
are new. There is no single path for such an alliance of outlooks. Both traditions have
the potential for deep complementarity. As these next steps are made in this direction,
may they be made in mindfulness and compassion, grounded in the ethical
understandings that both traditions have to offer.

This project is concluded with words attributed to the Buddha himself,
exhorting those interested in his philosophy to come and see for themselves, to
investigate and to learn first-hand whether they might find what he said to be useful for them:

Do not go upon what has been acquired by repeated hearing; nor upon tradition; nor upon rumor; nor upon what is in a scripture; nor upon surmise; nor upon an axiom; nor upon specious reasoning; nor upon a bias towards a notion that has been pondered over; nor upon another's seeming ability; nor upon the consideration, "The monk is our teacher." ... when you yourselves know: 'These things are good; these things are not blamable; these things are praised by the wise; undertaken and observed, these things lead to benefit and happiness,' enter on and abide in them. ("Kalama Sutta," 1994, ¶ 15).
REFERENCES


APPENDIX A

Demographic Questionnaire
Demographic Questionnaire

1. Gender: M   F

2. Age: __________

3. Ethnic Background (please check all that apply):
   - American Indian and Alaska Native
   - Asian
   - Black or African American
   - Native Hawaiian and Other Pacific Islander
   - White
   - Some other ethnicity alone
   - Two or more ethnicities

4. Advanced degrees (please circle all that apply):
   PhD  PsyD  EdD  Ddiv  MD  MSW  MS  MA  MEd  Mdiv  Other

5. Length of time as a psychotherapy practitioner: __________________________

6. Length of time involved with Buddhism: _________________________________

7. Current Licensure or Practice Credential: ________________________________

8. Please list the address(es) of your professional website(s) if applicable:

8. Please briefly describe your training as a psychotherapeutic practitioner.
9. Where did you receive your training as a psychotherapeutic practitioner?

10. How did you become involved with Buddhism?

11. To what extent was Buddhism an element of formal training described in #s 7 and 8?
12. Please describe your psychological theoretical orientation.

13. Please indicate the degree to which Buddhism has influenced your psychotherapeutic approach by circling a number on the Likert-type scale below:

Not Influenced 1 2 3 4 5 Extremely Influenced

14. How do you (or how do you not) identify yourself as being influenced by Buddhism?

15. What other spiritual influences, if any, have been important in your life?

16. Please indicate if your office contains the following:

__________ a meditation area  __________ a statue of Buddha  __________ Buddhist art
APPENDIX B

Consent Form
You have been invited to participate in a research project entitled "A qualitative study of psychotherapists whose work is informed by Buddhist psychological perspectives." This research is intended to study how psychotherapists whose work is informed by Buddhist psychological thought actually conduct their clinical practice. This project is the dissertation project of Michael Harris.

You will be asked to participate in the following manner:

- Completing a demographic questionnaire
- Participating in an audiotaped semi structured telephone interview including a hypothetical case-study
- Taking pictures of the space where you conduct therapy (using a provided disposable camera).

The investigators will provide postage-prepaid mailing envelopes for the return of study materials.

As in all research, there may be unforeseen risks to the participant. One potential risk of participation in this project is that you may experience discomfort or unease during the interview process; however, Michael Harris is prepared to provide crisis counseling should you become significantly upset and s/he is prepared to make a referral if you need further counseling about this topic. You will be responsible for the cost of therapy if you choose to pursue it.

One way in which you may benefit from this activity is having the chance to talk about your practice, and to increase the intentionality and mindfulness with which you conduct your work. Other therapists and their clients may benefit from the knowledge that is gained from this research.

All of the information collected from you is confidential. That means that your name will not appear on any papers on which this information is recorded. The forms will all be coded, and Michael Harris will keep a separate master list with the names of participants and the corresponding code numbers. Once the data are collected and analyzed, the master list will be destroyed. All other forms will be retained for at least three years in a locked file in the principal investigator's office.

Any identifying information will be changed in the final report to protect your confidentiality.
You may refuse to participate or quit at any time during the study without prejudice or penalty. If you have any questions or concerns about this study, you may contact either Michael Harris at (###)###-#### or Dr. Alan Hovestadt at (###)###-####. You may also contact the chair of Human Subjects Institutional Review Board at 269-387-8293 or the vice president for research at 269-387-8298 with any concerns that you have.

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board as indicated by the stamped date and signature of the board chair in the upper right corner. Do not participate in this study if the stamped date is more than one year old.

Your professional website may be accessed if you consent to participate in this study.

Please check a box below to indicate your consent regarding the use of materials from your professional website (if applicable):

Study participation without website materials

Study participation with website materials to be analyzed by researchers but not appearing in dissertation

Study participation with website materials to be analyzed by researchers and okay to show website materials in dissertation

Study participation with website materials to be analyzed by researchers and okay to show website materials in results and any subsequent publication of research findings
Please check a box below to indicate your consent regarding the use of photographs of your office:

Study participation without photographs

Study participation with photographs to be analyzed by researchers but not appearing in dissertation

Study participation with photographs to be analyzed by researchers and okay to show photographs in dissertation

Study participation with photographs to be analyzed by researchers and okay to show photographs in results and any subsequent publication of research findings

Your signature below indicates that you have read and/or had explained to you the purpose and requirements of the study and that you agree to participate.

_________________________  ______________________
Signature                  Date

Consent obtained by:

_________________________  _______________
initials of researcher     Date

ADDITIONAL VOLUNTARY PROVISION
Your signature above indicates your voluntary consent to participation in this study. You may also voluntarily elect, at your discretion, to allow your identity to be revealed in future publications of this research.

You do not need to agree to this provision in order to participate in this study.
If you choose to allow your identity to be revealed in future publications of this research, please sign and date additionally below:

_________________________  ______________________
Signature                  Date
APPENDIX C

Interview Protocol
Interview Protocol:

Thank you for your participation in this study. Please remember that, although I have received your signed consent form, your continued participation in this research remains entirely voluntary. You may refuse to answer any given question at your discretion. You are free to discontinue your participation in this study at any time with no negative repercussions whatsoever. Please also remember that this interview will be tape-recorded.

I am interested in learning about how Buddhist-informed Psychotherapy is manifested in actual practice by psychotherapists. In examining this process, I am particularly interested in the interaction between the theoretical conceptualization of clients and the implementation of interventions by the psychotherapist.

First of all, in broad terms, would you please tell me about how Buddhist psychological thought informs your psychotherapy practice?

Follow up questions to address if unanswered:

- How would you broadly describe your Buddhist theoretical approach?
- What is the role of impermanence within your thinking about clients’ problems?
- How do you address the psychological concept of self and the Buddhist concept of Non-Self?
- How do you understand suffering in your clients’ lives, and the release from that suffering?
- Are there other theoretical approaches that have been particularly important to you? How do you integrate these?

- How would you broadly describe the interventions that you utilize in your work with clients?
- What role do traditional psychotherapeutic interventions play in your practice?
Please describe any interventions that you utilize that are derived specifically from Buddhist thought, such as meditation or mindfulness training.

How do you see your use of interventions as differing from the interventions utilized by psychotherapists with other theoretical perspectives?

What ethical dilemmas, if any, are particular to the practice of Buddhist-informed psychotherapy?

Please tell me about your use of Buddhist thought when working with non-Buddhists.

How would you describe the explicitness or implicitness of your use of a Buddhist-informed psychotherapeutic approach?

With what kinds of client problems or disorders do you find your Buddhist informed approach to work particularly well?

With what client problems or disorders, if any, do you find a Buddhist thought base to be less helpful?

Sample Case

How do you imagine that you would conceptualize this hypothetical client’s difficulties?

What might a preliminary plan for working with this hypothetical client be like?

Summary Question

As a Buddhist informed psychotherapist, what is it about your psychological practice that sets your work apart from the work of other kinds of psychotherapists?
APPENDIX D

Hypothetical Sample Case
Delia sought out counseling due to feelings that she described as “depression.” She reported that she was experiencing intense mood swings and that she had been crying on a daily basis. She is 33 years old and she has been married since age 18. She currently lives with her husband, who is also 33, and with their daughter and son, ages 16 and four respectively.

Delia told her psychotherapist that she “should” feel happy, because everything is fine at home. She said that her husband had a good job that paid all the bills and provided excellent benefits, and that he was moving quickly up the corporate ladder (perhaps next year he would make vice-president). She told her psychotherapist that she was very happy with the spacious new home in the country that she and her family had moved into two years ago. She said that she loved her family and had no reason to be unhappy.

Lately, however, Delia described feeling fatigued throughout the day and yet being unable to sleep at night. She told her psychotherapist how she had stopped participating in social activities such as the local PTA (where she had been active for ten years) and a bridge club composed of long-time friends (whom she had known since high school). She related how she had begun to avoid activities such as grocery shopping due to feelings of anxiety that she had recently started to experience in public places.

Delia described a loss of sexual interest in her relationship with her husband. Although they had been quite close early in their relationship, at this point the two of them experienced difficulty in even touching upon discussion of her emotional
experience. She reported that there was no one else with whom she could discuss her problems.

Delia was the oldest of four children in her family of origin. Her younger siblings, all brothers, had gone onto successful careers in business, law, and medicine respectively. Although she had herself been planning a career in medicine before she was married, she dropped out of school to stay at home with her first child and had not returned to school afterwards. She reported a happy home environment while her children were growing up. She told her psychotherapist that she sometimes imagined what it would have been like to have pursued her education further, but that it was pointless to dwell on it now and that she wanted to devote her attention to her children instead.

Delia described feelings of guilt over her sadness. She told her psychotherapist that she had tried to follow her husband’s advice to just “buck up and get over it,” but that somehow she had not been able to do so. She said that she suspected that there was something wrong with her because of this. Delia reported that a disturbing incident had prompted her to seek out counseling. While washing the dishes during the previous week, she had paused while washing the knives. She described having stood by the sink for several minutes wondering what it would be like to take the sharpest knife and to slit her wrists with it. Finally, breaking from this stream of thought, she felt terribly guilty over having had the idea cross her mind. She told her psychotherapist that she “didn’t believe in” suicide and that she would never actually do such a thing as kill herself. Such thoughts, however, she later admitted had crossed her mind since that time as well. Delia said that she was both scared and confused and that she was desperate for help.
APPENDIX E

Contact Summary Form
Contact Summary Form

Contact: Date:

Main Issues and Themes in this Contact

Salient, Interesting, Illuminating Information

Target Questions to Consider for Next Contact

Impressions/Reflections of Participant Interview

(Adapted from Miles & Huberman, 1984.)
APPENDIX F

Photography Instructions


**Photography Instructions**

Please use the enclosed disposable camera to take photographs of the office in which you practice psychotherapy.

Please follow these directions in taking the photographs:

- Stand in the center of the room

- Hold the camera vertically (as in the illustration below)

- Take eight pictures of the room (essentially, north, northeast, east, southeast, south, southwest, west, and northwest). Please refer to the illustration below.

- The eight photographs described above are all that is required to participate in the photography section of this study. Please feel free, however, to use as much of the rest of the film as you would like. Artwork or other features that reflect a Buddhist approach are of particular interest.

- *Please be sure that no person appears in any of the photographs.*

Thank you.
APPENDIX G

Participant Checklist
Participant Checklist

*Please be include the following in the postage paid return envelope:*

- a completed consent form
- a completed demographic questionnaire
- the disposable camera -- having been used to take pictures of your psychotherapy office
- printed documents you would routinely provide to clients (including disclosure statements and other such material)

Thank you.
APPENDIX H

Photographs of Psychotherapists’ Offices
Photo G9: Bodhi - Small statue of Buddha

Photo G10: Bodhi

Photo G11: Bodhi
Photo G53: Togen – Buddhist Thangka

Photo G54: Togen

Photo G55: Togen
Photo G86: Hoka

Photo G87: Zoho

Photo G88: Zoho
Photo G89: Zoho

Photo G90: Zoho

Photo G91: Zoho - Very small Buddha
Photo G117: Jiho

Photo G118: Jiho
APPENDIX I

Websites
A Program for the Treatment Of:

- Performance and Social Anxiety
- Worry and Distraction
- Low Self-Esteem and Chronic Doubt
- Mistrust and Negativity

Meditation in Therapy Meetings

These meditation meetings are held in City Name on a donation basis. Click “Meditation Schedule” to learn more.

Providing Treatment, Assessment, Education, Peer and Therapist Support...

Welcome to Center Name. The site was launched in March of 20XX. My name is Therapist Name. I am the program designer and the site’s host. Mindfulness Based Anxiety Reduction (MBAR) integrates Mindfulness Meditation and schema-focused Cognitive Therapy to treat disordered anxiety. This site is your workbook on Mindfulness Based Anxiety Reduction: the Way of Mindful Recovery. You may print out the entire site to create a portable workbook. (If you
have any difficulty printing any page, highlight the section and print the selection). Here are answers to 6 simple questions you might have about using Mindfulness Meditation to treat Anxiety:

1. Why learn Mindfulness Meditation?

Recent studies have revealed that Mindfulness Meditation is effective in treating:

- anxiety disorders
- depression
- psoriasis
- chronic pain

It has shown the ability to boost the immune system and promote longevity. Mindfulness Meditation is currently being used to enhance creativity, dietary-control, and marital satisfaction.

2. Am I just stressed or do I have anxiety?

Though "stress" and "anxiety" are used popularly as synonyms, professionals are clear that the conditions differ. Anxiety Disorders are fear-based disturbances that are commonly triggered by social or financial stressors.

3. What do I need to ask myself?

Am I procrastinating or feeling stuck?
Do I feel habitually anxious or worried?
Do I commonly think about being dismissed, victimized, or judged?

4. What is Mindfulness Based Anxiety Reduction?

Mindfulness Based Anxiety Reduction is the application of nonjudgmental-attention to our thoughts, emotions and sensory experience. It employs therapeutic exposure to our core emotional wounds and seeks to interrupt maladjusted modes of coping that sustain unwarranted anxiety.
5. Are there any hazards in practicing Mindfulness for anxiety reduction?

Mindfulness Based Anxiety Reduction does not replace therapists or psychiatrists. If you have recently endured a serious emotional trauma, been hospitalized for a psychiatric condition or if you have recurrent suicidal thoughts you should consult your mental health provider and Therapist Name about your interest in participating.

6. How do I learn Mindfulness Based Anxiety Reduction?

There are two things that need to be learned to treat your anxiety with Mindfulness Based Anxiety Reduction. You must learn the nature of your anxiety which is sustained by avoidant coping reactions and you must learn how to apply Mindful Exposure to treat it. This program provides you with this serviceable knowledge.

The best way to get started is with Phase 1 of the Orientation Section. In the Orientation Section you will learn about the nature and common structure of anxiety disorders. You will be initiated into an understanding of how disordered anxiety starts, how it sustains itself, and how it is treated.

At the end of each phase of Orientation you will be directed to one or several applications of Mindfulness Meditation. I suggest proceeding slowly—perhaps one application per week. These applications are also called Mindful Exposure Treatments.

At times you will be directed to complete some self-assessment inventories. There are 2 inventories that help you learn about ways you might be coping that are inadvertently sustaining your anxiety.

Meditations have audio support. Look in the media section of the site and learn more.

I wish you all well on this venture.
Orientation

Mindful Recovery does not replace therapists or psychiatrists. We are primarily a self-help fellowship providing self-help treatment options for people recovering from disordered anxiety. Mindful Recovery acknowledges that anxiety is the culprit in a broad range of distressed psychological conditions. Mindfulness-Based Anxiety Reduction is designed to work in coordination with professional treatment or independently. If you have recently endured a serious emotional trauma, been hospitalized for a psychiatric condition or if you have recurrent suicidal thoughts you should consult your mental health provider about your interest in participating in Mindful Recovery.

Mindful Recovery provides self-help treatment options for several types of anxiety:

1. **Social Anxiety and Social Phobia** are conditions that produce elevated anxiety when a person mixes with people or anticipates having to meet and mix with people.

2. **Chronic Worry** is a Generalized Anxiety in which a person is constantly apprehensive of possible disappointments or misfortunes. Procrastinating and feeling stuck are often associated with habitual worry and its tendencies to distract you from proceeding with your priorities.

3. **Panic Disorder** is a condition in which people fear that they may faint, fall, throw up or have a heart attack when there is no medical basis for the fear.

4. **Phobias** are terrors of specific objects or circumstances.
5. **Traumas** are the result of horrific experiences. These horrid experiences may result in intrusive recollections, thoughts and images that cause distress in varying degrees. If you have recently been seriously traumatized, seek professional care and wait six weeks before considering independent participation in Mindful Recovery. If your past traumas are indeed horrific or if you have terrible regret about your own behavior, delay using Mindful Exposure to Disturbances, Mindful Relinquishment of Maladjusted Coping Modes and Mindful Reunion with the Images of People. Use these imaging treatments with professional support. If you cannot secure professional support seek family and social support. Focus primarily on Mindful Exposure to the Large Breath, Mindful Exposure the Present and Mindful Exposure to Well-Being. These applications will provide you with the gradual exposure that will allow you to adjust and reduce your distress.

6. **Compulsive Behaviors** result from intrusive impulses to behave in unwanted ways. If you are suffering compulsions that are averting "unendurable" sexual impulses seek professional support before participating in Mindful Recovery.

I recommend that you proceed through these phases of orientation slowly. You will see the links on the right side of this page. Integrate your use of the media section with this written material. Each phase of the orientation requires thoughtful consideration. You will need to think: "How might this apply to me?" At the end of each phase I will recommend that you proceed to an assessment or treatment.

**Therapist Name**

**Phases of Orientation**

- Phase 1
- Phase 2
- Phase 3
- Phase 4
- Phase 5
- Phase 6
Phase 7

Phase 8

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Last Updated July XX, 20XX
Assessment

Welcome to the Assessment Home Page. Assessing the nature of our disordered anxiety is critical in directing our Mindful Exposure work.

You will want to identify your Core Schemas and perhaps recall the misfortunes that aided in their formation. These are your emotional wounds and the harming experiences that come with living. This assessment occurs over time as you practice mindful-exposure.

The Assessment process will further lead you to identify maladjusted coping modes -- avoidant and compensatory -- that sustain maladjusted schemas and perpetuate disordered anxiety.

You will find in this Section two important questionnaires. Take all the time you need to complete and evaluate each one. It is vital to remain mindful of the fact that the assessment process is ongoing. Every time you practice being Mindful you will get a glimpse into the impressions life has left upon your mind.

The questionnaires lead you through important doors of understanding. They help surface what maladjusted coping modes are active in your affairs. I, for example, did not know I was over-compensating for many years. This lack of insight was costly.

Using maladjusted coping modes ironically aggravate our anxieties when it is our intention to reduce them. You will see from the questionnaires and their outcome assessments that maladjusted coping behaviors resemble healthy coping behavior. However, they are in fact manifestations of past fears.
After printing the completed questionnaire, come back to this page and go to the corresponding Compensatory Theme or Avoidant Coping Theme on the left.

**Assessment Questionnaires**

- Over- Compensation Questionnaire
- Avoidant Coping Questionnaire

**Compensatory Themes**

- IO: Impressing Others
- SA: Seeking Approval
- BI: Being Innocent
- RH: Redeeming Honor
- LF: Lying and Fabricating
- GO: Getting Over
- GB: Getting Back
- DC: Directing and Controlling
- RI: Radical Independance
- A: Acquiring
- BE: Being Entitled
- R: Ritualizing
- BJ: Being Judgemental
- BD: Being Defiant
- BSE: Being Someone Else
- INP: I'll Never Policymaking
• **BO**: Being Outstanding

• **FO**: Fixing Others

• **W**: Worry

---

**Avoidant Coping Themes**

• **BT**: Burying Thoughts

• **E**: Evading

• **A**: Anesthetizing

• **D**: Distratction
Welcome to the Treatment Home Page. On these pages you will learn how to practice the 6 different applications of Mindful Exposure and apply Cognitive Principles.

Mindfulness includes both meditative practices taught in Mindful Exposure and Mindful awareness that occurs between meditation sessions. Thus Mindfulness constitutes both the meditation practice and its application throughout the day. Mindfulness is a way of practicing awareness. It entails the Radical Acceptance of what is happening to us experientially. It is not complacency, but being realistic about our emotional wounds. Mindfulness suspends judgmental appraisals of our anxieties. It also enables us to move our attention away from the unrealistic sense of internal threat that characterizes all anxiety disorders.

Cognitive Treatments work with the way we think. Some ways of thinking work our anxiety up. In Mindful Recovery we learn to work it down. Principles and Saying lead us to adopt language and values that help orient our practice of anxiety reduction. We derive principles and sayings from the growing body of work in Mindfulness Based Anxiety Reduction. We bring this wisdom to each other during conversation.

I have jump started the practice by providing a number of sayings that address:

1. How to Aggravate Anxiety
2. How to Reduce Anxiety
3. How to Reduce Conflict

Expand on what you learn by continuous practice and by helping others.
You may also find the **Yoga Postures** helpful. Though it is an auxiliary practice, postures can help release rigidity in the body. Improved bearing helps us to breathe more efficiently and promotes general well-being.

- Mindful-Exposure to the Big Breath
- Mindful-Exposure to the Present
- Mindful-Exposure to Disturbances
- Relinquishment of Maladjusted Coping Modes
- Reunion with Images of People
- Mindful-Exposure to Well-Being
- How to Reduce Anxiety
- How to Aggravate Anxiety
- How to Reduce Conflict
- Self-Monitoring Format
- Neutralizing a Schema Attack
- **Yoga Postures**
Welcome to the media library. Here you will find audio support to guide you through the six applications of Mindful Exposure. These audio files have matching scripted-files on the Treatment pages. It is advisable that you first read the written files before using their audio equivalents.

You will need a cable connection to listen to these recordings. Please take advantage of the support. Each audio file may be listened to by 5 people at the same time.

You may also need to download a Windows Media Player if your computer does not already have a copy. We have provided you with the link to do this. If you are having difficulty with audio support please email me and alert me to the problem.

Proceed through assessment and treatment gradually. Give yourself days, weeks or even months. You are interested in cultivating a new way of coping -- a new way of being. The insight and the skills developed in this program will last you a life time and should benefit all those whose lives you touch.

**Audio Links**

Mindful Exposure to Well-Being

Mindful Exposure to The Present
The Adult Imaging Assessment

The Vulnerable Child Imaging Assessment

Capturing the Inner Critic

Contemplating Sayings

Interrupting Compensatory Self-Talk

Mindful Exposure

Misogi Breathing 1

Treating Relationships

Treating the Inner Child
Here are some links which we think you may find useful. We'll be adding more in the future...

**DharmaCrafts**
The Catalog of Meditation Supplies
800.794.9862

**Schema Therapy**

**NY Public Speaking - Social Anxiety Center**

Paul Greene, Ph.D.
Clinical Psychologist & Cognitive Behavioral Therapist
A free internet self-help site for persons suffering from anxiety, panic attacks, phobias, obsessive-compulsive disorder - OCD, fear of flying and post-traumatic stress disorder – PTSD

Physician-run site covering all aspects of stress and its effects on the body including stress management skills development, discussion Forum, and practical tips from time management to workplace stress reduction. Updated daily.
Welcome to the Meditation in Therapy Homepage

We are meeting on Wednesday nights from 8:25 p.m. until 9:30 p.m. beginning on 7/20/XX.

Meditation in Therapy will meet this summer of 20XX on July 18th and 25th, August 1st, 8th, 15th and 22nd only. (New meeting schedule will be provided in August)

MEETING LOCATION:

Still Mind Center

XX W., XX7th Street (between XXth and XXth Avenues)
XXth Floor
City, State, Zip
(The location is close to numerous subway stations. For specific commuting instructions you may use)

E-mail: 
Telephone: Therapist Name: [redacted] 313-1373

GENERAL INFORMATION:

The meetings are supported by your donations. Suggested donation is $10 per meeting. You may arrive as early as 9 p.m. and no later than 8:25 p.m. as the doors are locked and we begin the first cycle of meditation at 8:30 p.m. sharp.

The tone of the meditation meeting is supportive and friendly.

The meditation begins with brief instructions from the facilitator. There are two concurrent 25 minute sitting periods, with two 5 minute walking meditation periods. (If you need to use the bathroom during the sitting periods we request that you do so before the meditation begins or during the walking phase). 

Cushions and chairs are provided:
A lecture and discussion follow addressing the use of meditation in therapy. Participants are able to ask questions and comment on their specific concerns.

THE MEDITATION SCHEDULE IS AS FOLLOWS:

- **6:00 to 6:25** — Participants arrive to orient themselves, use bathroom facility and select their chairs and cushions. You may provide your donation at this time.
- **6:25 pm** — Doors close to the Center and participants enter the meditation hall.
- **6:30** — Brief words of encouragement and instruction are provided by facilitator.
- **6:35 to 7 pm** — 1st sitting
- **7 pm to 7:10 pm** — 1st walking meditation
- **7:10 to 7:35 pm** — 2nd sitting
- **7:35 pm to 7:45 pm** — 2nd walking meditation
- **7:45 pm** — Lecture and discussion
- **8:20 pm** — Meeting ends
- **8:20 pm to 8:30 pm** — Chairs and cushions are removed. You may proceed to your donation at this time.

- **You may want to visit these sites:**
  - Mindful Recovery
  - Still Mind Zendo
  - Schema Therapy
  - Dr. Dora Nama, Ph.D.

- **Dates & News**
  - **18th July**
  - **Meetings Begin**
  - **25th July**
  - **Meeting**
- 1st August
  - Meeting
- 8th August
  - Meeting
- 15th August
  - Meeting
- 22nd August
  - Meeting
Welcome to the Therapist Support Page

Currently we only have support from Big City based therapist. You may request phone counseling by contacting me. Mindfulness Based Anxiety Reduction, individual or group therapy, is available at:

Center Name
Center Address
City, State, Zip
555: 555-1212

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Last Updated July XX, 20XX
THE DREAMWALK
SACRED QUEST OF THE SPIRITUAL WARRIOR

WITH
APPENDIX J

Human Subjects Institutional Review Board (HSIRB) Approval Letter
This letter will serve as confirmation that your research project entitled "A Qualitative Study of Buddhist-Informed Psychotherapists" has been approved under the expedited category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may only conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: January 13, 2006